

THE AMERICAN JOURNAL OF NURSING

VOL. XXII

JANUARY, 1922

No. 4

ACHIEVEMENTS AND ASPIRATIONS

AS has been well said many times, the year just closing has been one of transition and shifting values. It has been characterized by profound spiritual as well as economic depression. Our profession, keenly sensitive to both conditions, has been buffeted and beaten upon by gusts and storms of public opinion. It is, therefore, a logical time to consider what the year has really meant to nursing for, as Miss Nightingale so truly said, "Our nursing is a thing which, unless in it we are making progress every year, every month, every week, take my word for it we are going *back*." Nursing is not going back! Rooted in the maternal instinct, founded on human need, it is so many sided that while still offering opportunity to the self effacing just as it did long ago and as it still does, to the sisterhoods, it also offers boundless opportunity to the modern young woman whose urge for self-expression can well be satisfied in this great social service.

The year began with a shortage of students in most of our schools and with a demand for graduates that seemed insatiable. As it closes we know that our better schools have recently admitted larger classes than ever before in times of peace and that the preliminary education of the students is reported to be of a higher type than heretofore. The demand for the more highly qualified nurses seems as insatiable as ever. It seems eternally true, even though trite in the saying, that "there is always room at the top." The year opened with insistent demands, from many quarters, for shorter courses in order to meet a temporary need for large numbers of nurses, a need which would have been more adequately met had we developed a wider extension of our paid visiting nurse service and more hourly nursing. It closes with more than adequate lists of graduate nurses for private duty on many of our registries. Certain phases of public health nursing have suffered from the effects of the economic depression but the essential soundness of the movement is already overcoming the temporary check. Indeed, the needs of that portion of the population which is first affected by any form of industrial or financial disturbance is sufficient argument for a still wider extension

of this work. The Red Cross has consistently carried forward its programme for teaching "Home Hygiene and Care of the Sick" in a well founded belief that *every* woman should have some knowledge applicable to the care of those ill in their own homes, both as a conservation measure and in order that we may not again witness panic fear of epidemic. The legislation enacted in seven states showed a marked tendency toward two-year rather than three-year laws. Some of this legislation has been concerned not only with the training and compulsory registration of nurses but also with the training and licensure of attendants, a distinctly forward looking step, as it will give many excellent workers a dignified status that they have not heretofore enjoyed owing to the lack of a basis for recognition.

The influence of the war on nursing was emphasized by the graduation of the first great class of the Army School of Nursing and again by the opening of the School for Nurses in the U. S. Public Health Service, a service which has cared for thousands of our ex-soldiers.

Among the other significant events of the year stands the organization of a Central School for Nurses under the aegis of the University of Minnesota, the announcement of which was closely followed by that of the opening of the doors of Western Reserve University to nurses. Of significance also as emphasizing the entity of the school for nurses apart from that of the hospital is the carefully organized campaign for an endowment by the Alumnae of the Johns Hopkins Hospital School for Nurses. Other Alumnae Associations, among those to which we have learned to look for leadership, are moving in the same direction. It seems probable that the coming year will show an increasing emphasis on richer curricula and a continued reduction of non-educational duties in many of our schools. Community needs for more nurses prepared to take part in the great campaigns against tuberculosis, mental disorders and venereal disease are bound to have this influence. With this emphasis must come more coöperative movements tending to utilize all the resources educational, clinical, and social of each community, an increasing tendency to actual centralization in such centers as already possess universities and to more coöperation in the utilization of visiting instructors and a reaching out for a participation in all suitable educational resources in the smaller communities.

Let us hope that the coming year may be characterized by many advances but let us not be guilty of so narrow a loyalty to nursing that is can be called "pernicious professionalism"; let us not forget those spiritual values that made our pioneer nurses so truly great; and, in our modern emphasis on science, let us not forget that science

is but the foundation for the beautiful art of nursing which Florence Nightingale called the finest of the fine arts.

RESIGNATION OF MARY M. RIDDLE

IT is with the greatest regret that we announced in the news columns of the December JOURNAL that Mary M. Riddle would resign, on January 1st, her position as superintendent of the Newton Hospital, Newton Lower Falls, Mass. Miss Riddle's work as a superintendent in New England has been analogous to that of Miss Maxwell in New York. She has not only been invaluable in the work of her own hospital for many years, but she has set a high standard for all other hospital superintendents, she has been ready to help and advise and coöperate with others, she has constantly held state association and state board offices, as well as national offices, and her work is so closely woven into the nursing life of New England and of the country at large as to seem inseparable from it. In spite of her long years of service and of the fact that she has justly earned retirement and an easing of the load she has carried, Miss Riddle, in addition to her hospital work is at present serving as treasurer of THE AMERICAN JOURNAL OF NURSING Company; treasurer of the Isabel Hampton Robb Memorial Fund; president of the Massachusetts State Board of Registration of Nurses; and president of the New England Division of the American Nurses' Association. At a meeting of the New England Division last spring, we heard her read a paper which was as fresh and helpful and inspiring as it could have been if written in the fulness of her youth. At that meeting every one leaned upon her judgment and turned to her for suggestions. She is a singularly modest woman and has never pushed herself forward; her various offices have literally sought her because of her ability to fill them.

In our "Who's Who in the Nursing World," published in June, 1921, a list of Miss Riddle's activities is given. However, no one has really seen her or known her who has not visited the Newton Hospital. There in her own circle she is surrounded by the affection and respect of her associates, her students and her trustees. There is a happy home atmosphere, such as one sometimes dreams of for a nursing school as an ideal not often realized, yet the work goes on smoothly, efficiently, well and carefully done, far more carefully done than where fear or compulsion is the ruling motive.

After thirty-five years of executive work, Miss Riddle deserves the rest she is seeking from hospital administration, but we hope she may long serve the nursing profession and the public through her other activities and that we may still turn to her with confidence for a fairness of judgment and poise which no one else gives in just the same way.

JOURNAL OWNERSHIP

SEE no reason why I should help make money for those nurses" was the way a friend of the JOURNAL was answered by a non-subscribing nurse whose subscription was sought! This incident and discussions of a similar nature call for a repetition of the statement of the JOURNAL'S ownership that has been made so many times. The JOURNAL *is not a commercial enterprise* and its aim is not that of making money for any nurse or group of nurses. THE AMERICAN JOURNAL OF NURSING is owned by the American Nurses' Association. Its business is conducted by means of a legally constituted American Journal of Nursing Company, with Directors elected by the Board of the American Nurses' Association and all stock held by the American Nurses' Association. Ownership is, therefore, participated in by every member of the American Nurses' Association.

The aims of the JOURNAL are distinctly professional and the function of its editors is that of collecting, interpreting, and disseminating information regarding nursing to the public at large and to nurses in particular. The editors receive salaries which are fixed by the Board (but no percentage, bonus, dividends or other "extras"), and the members of the Board serve without compensation of any kind. (Who was it said that "Leadership is not a reward but a job?"). Contributors, who may or may not be nurses, receive payment for original articles accepted for the JOURNAL'S exclusive use. The income derived from subscriptions and advertising is applied to the actual production of the JOURNAL. In the event that the income exceeds the cost of production dividends are paid to the owner, The American Nurses' Association. The JOURNAL has for many years been self supporting and has sometimes paid dividends, but it has not now, for many months, contributed anything to the treasury of the Association because of the high cost of production. We cannot too often repeat to the members of the American Nurses' Association that the JOURNAL is *your* Journal,—it endeavors to express to the world the aspirations and achievements of nurses. For these reasons, the editors are constantly in deed of suggestions for and, if need be, criticisms of, its material. Only in proportion as we receive professional and financial support from you, our principal source, can we properly express to the world the true spirit of American nursing.

A HISTORY OF THE RED CROSS NURSING SERVICE

NURSES will be interested to know that the early appearance of this long heralded book is promised. It is in reality only a little over two years since it was actually begun, but the time seems longer and many are asking when and where it may be obtained. It has

been Miss Noyes' wish that it might be published by the time of the Seattle meeting. It now seems as if this might be true, at least for the first volume. The History will appear in two volumes of excellent style and the table of contents will show after the chapter titles the names of the authors, Miss Dock and Miss Pickett, with collaborators. The subject material has been treated as fully as possible within the space allowed. The pages will be thickly covered with documentary evidence, always of an interesting and often of a thrilling character. The authors have tried, to the best of their ability, to deal truthfully and in a candid open spirit with the historical material. They have tried not to write a conventional, partisan hued book, but rather to avoid sentimentality and triteness. They hope and modestly believe that the book will be a record of interest and importance now, and of great value in years to come, an inestimable boon to all who have papers to write or talks to give, and an armory for those who enter upon contests over nursing affairs. It is believed that the price will be moderate enough to enable every one to possess a copy.

DR. BEARD—AN ADVOCATE

WHO among us can begin to evaluate the generous, thoughtful, and increasingly helpful attitude of that growing number of physicians who, through the expression of opinions based on discriminating study, unfailingly support the efforts of nurses to enlarge the scope of their usefulness in the work of the world. Of this distinguished company is Dr. Richard Olding Beard, of the University of Minnesota, who has repeatedly put himself on record, through the spoken and the written word in support of the highest ideals of nurses. For many years an advocate of full professional status for the nurse, with all that the phrase connotes of sound preparation for a life of service, it is with the deepest satisfaction we learn that Dr. Beard has prepared an article to be called, we understand, "Fair Play for the Trained Nurse," which will appear in the February issue of the *Pictorial Review*. In giving the time necessary to the preparation of such an article, in lending to the movement for better nursing the result of his long and careful thinking on this whole matter to the public, Dr. Beard has again added to a debt of gratitude we can hope to repay but by a closer approximation as a profession, to the high level he believes us capable of attaining.

A MEDICAL JOURNAL'S OPINION

THE editorial page of *Southern Medicine and Surgery* is headed by the following quotation from Francis Bacon: "Read not to contradict and confute nor to believe and take for granted, nor to find talk and discourse, but to weigh and consider." The editorial for

October on "Sub Nurses" is so generous and yet judicial in its effort to evaluate the good—and the bad—in nursing, that we draw our readers' attention to it in the spirit of the quotation. The writer thoughtfully analyzes present day tendencies in general and in nursing in particular. Of nurses, he says there are those who "Whether they work 8 hours or 24, give the case in hand the best service they possibly can, and ever strive to do more, while others would render their patients a service by getting out of the way." (We hope he believes there are few of the latter!) And further, "The world may need more nurses but it wants the best it can get." "Threatened nurses' unions could not possibly benefit any but the inferior by compelling unmerited recognition." He has little that is good to say of the three year course as conducted in those hospitals where the need of service to the hospital obscures the obligation to educate the student nurse. The writer closes with the statement that "If the law is to say who may nurse and who may not then the law should establish uniform methods and standards for training schools, and the determining factor for granting nurses recognition should be personal capacity—the actual credits earned rather than the years served."

A COMPREHENSIVE PLAN

THE Hospital Association of Philadelphia and the Philadelphia League of Nursing Education appointed a joint committee to make plans for a school for the teaching of Preliminary Courses in Nursing Education in Philadelphia.

The plan submitted provides for the following:

That the school be sponsored by the University of Pennsylvania, financed by the above named associations; that its object be the teaching in one place, the preliminary course in nursing education, now being taught in fifty separate training schools in Philadelphia and vicinity; that the curriculum as prepared by the National League of Nursing Education be adopted; that the subjects be taught by qualified instructors now teaching in the Philadelphia Training Schools for Nurses.

The Committee recommends that this plan be put into effect February 1, 1922, and if successful, that it be continued for those students entering the training schools in September.

It is hoped that all hospitals will accept this opportunity to give the same preliminary course of instruction to their students, understanding, of course, that it is only an experiment.

DO YOU COVET DISTINCTION?

BY CHARLES H. MAYO, M.D.

Rochester, Minnesota

IN a recent discussion on the care of the sick I mentioned that only the rich and the poor can now receive the best attention. In fact, the cost of a nurse in the homes of people of ordinary means, the so-called middle class, is almost prohibitive for any prolonged period of sickness. The cost for such care in many hospitals forces the same large proportion of persons into private or charity wards with the consequent loss of self-respect.

I have received a few communications from nurses written from the standpoint of the protection of the job. In my early medical work, more than thirty years ago, the modern school of nursing was taking its place, and the highly trained and efficient young woman greatly aided the physician in his work, in contrast to the aid of the so-called natural nurse, who was chosen because of her sympathetic nature and her willingness to work. Practical nurses and two-year graduates have been generally helpful in caring for the sick and relieving their suffering. Graduates from the two-year courses educated the family with regard to the cause and prevention of disease by showing them how to live, how to prepare food, how to keep clean.

The time required for a nurses' training course in most states is three years; this includes as many months of actual work and study as it takes to educate doctors, and much more study than to train chiropractors. Since the nurse is now more capable, is she allowed to do more than formerly? Yes, if she specializes. She is then either undertrained for a doctor or overtrained for the ordinary duties of a nurse. I should like to see the nurse advance to higher duty with increased responsibility. I do not advocate lowering standards or shortening years of study; on the contrary, I wish to make it possible for the nurse to attain a reputation by advancing standards through specialization. Some of the studies in a nurses' course, such as biology, chemistry, and hygiene, should be given in the last two years of high school.

A two-year course of study combined with practical training in a hospital should be the requirement for general nursing. An optional third year may be taken as a continuation of study or for special training in thousands of unfilled situations. Positions as school, city, county, and industrial and baby welfare nurse, surgeons' assistants, dentists' assistants, hospital chief nurses, anesthetists, and laboratory technicians, represent but a few of the opportunities offered. Work

in educational fields has not been highly remunerative; the cost of sustaining schools and colleges and their staffs, is not paid by those who receive the benefits; like hospitals, such institutions are supported by charity, city, state or national aid. The day laborer through various organizations is a controlling power. Higher types of labor for example, carpenters, masons, and plumbers, control the work and wages by unions and by limiting the number of apprentices in training, although a living wage is allowed during this period. The barber has also adopted this plan and aids his trade by legislative acts and examining boards. The only body with a similar plan of training which is dignified by the name professional is the Nurses' Association.

The expense of the education of the modern physician is several thousand dollars. After high school eight years is required in higher education, and one year in the hospital, but he remains permanently in the work. A recent communication from a nurse states that the average working life of the nurse is but little more than ten years. Our records, however, show that the reason she is out of work is not because of mortality, but because of marriage. Nurses in the fourth year of work after graduation compose 31 per cent of this class; for the ten-year period from the fourth to the fourteenth year the number rises to 54 per cent, with a mortality of 1 per cent. Two per cent of the group are engaged in other work; leaving but 43 per cent in active duty.

I am presenting these facts with the hope that a new viewpoint will develop and receive serious consideration. In discussing the problem it should always be kept in mind that the relief of the sick comes first, and that in the untrammelled advancement of the individual, and in the education of the public rests our hope for the future.

Laws with respect to the present rigid control of educational standards of the nurse may aid the nurse of the city but do not benefit the sick in the country and small cities. The trained attendant should be the development of the Red Cross and of Public Health Centers.

I have faith to believe that the nurse not only will aspire to a higher, wider field, but that she will attain it.

In an address to a graduating class Woodrow Wilson said: "What I would like to ask you young people today is—how many of you will forego anything, except your allegiance to that which is just and that which is right? We die but once, and we die without distinction if we are not willing to die the death of sacrifice. Do you covet honor, you will never get it by serving yourself. Do you covet distinction, you will get it only as the servant of mankind."

GROUP NURSING¹

BY OLIVE WINSTANLEY COOK, R.N.

St. Louis, Missouri

AS a result of conditions growing out of the war, which diverted some of the usual number of applicants for training as nurses, and depleted the number of private duty nurses, the plan of group nursing in the hospital was evolved.

Group nursing is an innovation which should be welcomed by all who have to do with hospital management, today. The plan is carried out in one division of the Jewish Hospital in this city, and in order to present it clearly, we must divide the subject into its four most important phases and they in turn may be sub-divided: first, we will consider the plan from the hospital's standpoint; second, from that of the physician; third, from that of the patient; and fourth, from that of the nurses actually engaged in the work.

The hospital management realizing fully its responsibility to the patients, must plan to give the maximum attention with the minimum force of nurses. The average private room patients are neither wealthy nor extremely poor, their income seldom exceeds \$200 per month, and they are therefore unable to pay prices which would entitle them to special nursing, day and night, the cost of which is \$15 per day, in excess of the cost of the room. Setting aside twelve private rooms in one division at \$5 per day, for the room, made it possible to give the patients the attention of graduate nurses at a cost of \$3 per day extra, making a total charge of \$8 per day for room and care.

This special attention is invaluable to the patient who comes in for any form of surgery which calls for a general anesthetic, no matter how long or short a period it may be necessary for him to remain in the hospital, and it is also highly beneficial for the medical case, especially if the illness promises to be prolonged. For instance, we have had two patients from the same family, with typhoid, cared for on this division by the group nurses with the utmost satisfaction.

Following is a brief explanation of the manner in which the plan is carried out: For twelve patients, there are seven floor nurses and one nurse in charge, and in order to handle the work in the division with the utmost efficiency, it is necessary to arrange the hours of the nurses so that there will be more nurses on duty in the morning and in the evening, which are the busiest hours. Four nurses come on duty at 7:30 a. m., two of whom remain on duty until 4 p. m. The other two have split hours. One goes off duty at 10 a. m. and

¹ Read at the annual convention of the Missouri State Nurses' Association.

returns at 4 p. m., remaining until 10 p. m. The other goes off duty at 11:30 a. m. and returns at 6 p. m., remaining until 10 p. m. One nurse comes on duty at 12:30 noon, and remains until 9 p. m. The two night nurses are on duty from 10 p. m. until 7:30 a. m.

This schedule gives the day nurses and those working on split hours, eight hours on duty and the two night nurses nine hours on duty; this has proven satisfactory to the hospital so far. The hours of duty for the group nurses are changed weekly, so that no nurse has the same hours of duty for more than one week at a time, with the exception of the night nurses who are on duty for one month at a time.

This system, almost without exception, meets the approval of the physicians who have had patients in this division. Each physician who has been approached for an expression of his views has been heartily in favor of the plan, as giving the *more than necessary* attention to this class of patients, who cannot afford the services of a special nurse.

There has been no dissatisfaction on the part of the patients, so far, and many have expressed themselves as thoroughly pleased. Those who have received treatment in this division and who, for any reason, have found it necessary to return to the hospital, have made special request to be put in this division, which emphasizes the superiority of this kind of service.

From the nurses' standpoint, all who are engaged in this work enjoy it and only two or three have dropped out since its inception. The salary and hours are attractive and the class of patients are pleasant to meet and appreciative of the care given them.

Owing to its short duration, the system of group nursing is not without its perplexities, but these are gradually being eliminated through experience and practice.

THE SCHICK TEST AND ITS PRACTICAL APPLICATION IN THE CONTROL OF DIPHTHERIA

BY ROBERT A. KILDUFFE, A.M., M.D.

Director, Laboratories, Pittsburgh Hospital; Director, Laboratories, McKeesport Hospital; Serologist, Providence Hospital

PROBABLY the greatest advance in the study of diphtheria since the discovery of antitoxin is the Schick Test now coming into more and more prominence in the study of the means of controlling this infection.

While in antitoxin modern medicine has a weapon which, if properly used, will effectually control the mortality of the disease,

equally effectual means of controlling its spread and dissemination have not until now been available, and it is this need which, apparently, the Schick test will supply.

Following the introduction in 1894 of antitoxin as a method of treatment, the mortality of diphtheria gradually declined from 75 per cent to 10 per cent, at which figure it has remained practically stationary. In spite of the fact, therefore, that in antitoxin we have a method of treatment which, if intelligently used *early* in the disease, would cure every case, the disease still occurs sporadically,—and occasionally epidemically,—and the mortality remains relatively high. This may be accounted for by several factors: delay in the recognition of the disease and in the application of treatment accounts for the mortality; and the fact that there are “carriers” of predominant importance in the spread of the infection supplies a focus for its dissemination, while the existence of susceptible individuals supplies a reason for its continual occurrence.

While it is true that prophylaxis by means of the injection of antitoxin is effective and of great value, unfortunately, the passive immunity thus conferred lasts but a short time,—generally about two weeks. To maintain this immunity over any length of time requires bi-monthly injections of antitoxin, a procedure manifestly impracticable; moreover, the incidence of “carriers” remains unaffected. Considering the fact that approximately one per cent of the population of any large city, especially in the winter months, harbor in their throats virulent diphtheria organisms, the incidence of the disease is readily explained.

As the detection and isolation of such large numbers of “carriers” is manifestly impossible, the problem of the control of diphtheria, in its simplest terms resolves itself into, first, the detection of those susceptible to the infection and, second, their permanent immunization. These premises fulfilled, the eradication of the disease becomes possible.

The discovery in 1913 by Schick of a means of singling out those susceptible to diphtheretic infection by the test now known as the Schick reaction, and the immunization of such individuals by a method designed to produce an *active* and lasting—instead of a passive and temporary—immunity, constitute an important advance of equal value with the discovery of antitoxin.

Mechanism of the Schick Reaction: Prolonged investigations have shown: (1) approximately 60 per cent of children between the ages of 1 and 5 and approximately 90 per cent of adults have in their blood as a normal constituent an amount of antitoxin sufficient to render them relatively immune to diphtheria. The source of this

antitoxin is not always clear. While recent investigations have shown that antibodies of various kinds may be transmitted from the mother to the foetus in utero, it seems likely that, in view of the widespread distribution of the diphtheria bacillus, minor sub-infections are possibly a not infrequent source. (2) Only those in whose blood antitoxin is absent are susceptible to the usual methods of infection.

The Schick reaction is designed to detect those individuals in whose blood antitoxin is absent and who are, therefore, unprotected; the second step is their active immunization by a method to be later detailed.

Technic of the Schick Reaction: The purpose of the test is to determine whether or not the blood of the individual tested contains perceptible amounts of antitoxin and the method adopted for this purpose is the injection of a small amount of diphtheria toxin. If antitoxin is present the injected toxin will be neutralized and no reaction will occur; if antitoxin is absent, a reaction will be noted purely inflammatory in character and due to the presence of non-neutralized toxin acting as an irritant. The reaction is, therefore, inflammatory and not anaphylactic as in the tuberculin and leutin tests.

The toxin for injection is secured by growing pure cultures of *B. diphtheriae* in bouillon from which the organisms are later filtered off, the clear bouillon filtrate containing the diphtheria toxin in solution.

After having been tested for sterility, the toxin is injected in varying amounts into a series of 250 gram guinea pigs in order to determine the smallest amount capable of causing death in four days. This amount is known as the Minimum Lethal Dose or M. L. D., and the amount used for injection in the Schick reaction is one-fiftieth of the M. L. D.

To make the test, the skin of the forearm or of the deltoid region is cleansed with alcohol and the toxin, so diluted that one-fiftieth of the M. L. D. is contained in 0.2 cc of normal saline, is injected *intracutaneously*. It is essential that the injection be made *into* and not *under* the skin in order that the toxin may not be too rapidly absorbed, but may remain in the dense tissue long enough to manifest its irritant action. At the same time a control injection is made in the same area in the other arm, using heated (inert) toxin to serve as a control both of the reaction due to trauma and that due to the injection of foreign protein material.

When the injections are correctly made a *white, raised wheal* appears at the site and unless this is seen the injections have been improperly made.

A *positive* reaction indicates that the toxin acted as an irritant

and was not neutralized and, therefore, antitoxin was absent and the individual is susceptible to infection.

A *negative* reaction indicates the presence of antitoxin in amount sufficient to neutralize one-fiftieth the M. L. D. of diphtheria toxin and render it inert and, therefore, such an individual is, presumably, not susceptible to infection by ordinary means.

The *Positive Reaction* is denoted by a circumscribed area of redness and slight skin infiltration (induration) measuring from one to two cubic centimeters in diameter, persisting from 7 to 14 days, and which, on fading, presents a slight scaling of the skin and a fairly persistent brownish discoloration.

The *Negative Reaction*, obviously, shows nothing more than the trauma due to the injection and is comparable to that seen in the control area.

The *Pseudo-Reaction*: In a certain percentage of individuals tested, a reaction occurs which is due entirely to the anaphylactic effect of the foreign proteins injected which are derived both from the bacterial cells and from those contained in the bouillon. This reaction is, usually, distinguishable from the true reaction in that it comes on more promptly, covers a larger area, is more urticarial in type, and disappears within three days leaving little or no pigmentation. Occasionally, however, the reaction due to proteins is combined with a true reaction and in case of doubt it is better to either repeat the test or consider the reaction as positive.

Practical Value of the Schick Reaction: By means of this test it has been shown that the incidence of susceptibility to diphtheria is greatest between the ages of 1 and 4; less in infancy and in older children and least in adults and in infants under six months.

Moreover, a negative test, as a rule, remains negative, thus indicating that natural immunity once acquired is probably permanent. Practical experience has shown that such individuals, if not absolutely immune, are not likely to develop a severe general toxemia. The reaction is a means, therefore, of distinguishing the susceptible from the non-susceptible elements of the population and determining those who must be protected from the disease. It renders it possible, not only to avoid unnecessary antitoxin injections in the case of large groups in schools and institutions, but also, to bring up, by means of active immunization, a non-susceptible population.

Immunization: The prophylactic administration of diphtheria antitoxin produces a purely *passive* immunization of temporary character lasting not longer than fourteen days. The method introduced by von Behring in 1913, using a toxin-antitoxin mixture, produces an *active* immunity of high degree which is practically permanent.

To produce active immunization by the injection of diphtheria toxin alone necessitates, because of the high toxicity of the poison, a very minute initial dose and a long series of injections. Moreover, there is always an element of danger in the procedure. Experimentation has shown, however, that by adding to a definite amount of toxin varying amounts of antitoxin, a mixture can be obtained in which the toxin is neutralized to the extent of not being poisonous and yet is able to stimulate the production of antibodies and so produce an active immunization. Obviously such a toxin-antitoxin mixture is less stimulating to the production of antibodies than an equal amount of pure toxin, but this apparent disadvantage is more than counterbalanced by the harmlessness of the neutralized toxin and the fact that several hundred times the amount can be safely given.

The usual dose is 400 times the M. L. D. to which has been added sufficient antitoxin to neutralize it, the whole being contained in about one cubic centimeter. The mixture is carefully standardized before use and tested for sterility and harmlessness.

The injection is given subcutaneously and may be reinforced by a second and third injection at weekly intervals.

Reactions: The toxin-antitoxin mixture contains a considerable amount of foreign protein and, therefore, might be expected to give rise to a certain amount of reaction from this cause alone. Reactions are either local or general or both and may be manifested by considerable local swelling with or without accompanying constitutional symptoms. In any event, within 24 to 72 hours, all signs have disappeared and serious results have not been reported.

The question of age is very important as affecting the occurrence of reactions. In infants no reaction of any kind is seen, while in about 30 per cent of children from 1 to 10, and in adults, considerable local or general reaction may be expected.

While of comparatively recent introduction, the Schick reaction followed by toxin-antitoxin immunization of susceptible individuals is rapidly growing in favor and has now been utilized in many thousands of cases without any deleterious effects. By means of these combined methods all those susceptible can be recognized and rendered immune and as the method comes into general use and a non-susceptible population is produced, the absolute prevention of diphtheria becomes an imminent probability.

THE PROLONGED OR CONTINUOUS BATH FOR SEDATIVE PURPOSES

BY ANNA L. MACPHERSON, R.N.

Rochester State Hospital, Rochester, N. Y.

THE bath room must be warm. The tub is to be screened from draughts. A table placed near the tub should have placed on it the following articles: a pitcher of water, a glass, a bowl of ice compresses for the head, two towels.

Tubs made specially for these baths have a frame attached which forms a hammock. If such a tub is not available, two blankets may be used, put diagonally across the tub, one overlapping the other; the corners are tied underneath the tub.

Place a hair pillow covered with rubber and enveloped with a pillow case at the head of the tub for the patient's head to rest on. Place a bath thermometer in the tub.

Fill the tub two-thirds full of water, 90 to 100 degrees, Fahrenheit, or at the temperature prescribed.

To prepare the patient, give an enema before placing her in the tub. Braid the hair in two braids and bind it about the head, covering it with a rubber cap or towel.

Place the patient in a dry pack. Sew the edges of the overlapping blankets. Use two blankets and be careful not to apply the pack too tight.

Place the patient in the water, which should be deep enough to cover the body. Cover the tub with a sheet. Apply cold compresses to the head. Give water to drink frequently. Watch the temperature of the water to see that it does not become too hot nor too cold. Never leave the patient alone.

When using an ordinary tub without a reliable mixer, never run the hot water in from the faucet, but pour it from a pitcher or other receptacle after testing its temperature.

The patient is removed from the tub for evacuations, if chilled, or if there is any change in the respiration or pulse.

If so ordered, this bath can be used for hours, days, weeks, or months at a time when properly administered.

When the patient is removed from the tub, she should receive a cleansing bath, be thoroughly dried, and put to bed.

TOO LATE FOR CLASSIFICATION: The Missouri State Board of Nurse Examiners will hold an examination for license to practice as nurse on March 1 and 2 at Hotel Kupper, Kansas City, and at Washington University Medical School, St. Louis. Applications may be obtained from Harriet L. P. Friend, 620 Chemical Building, St. Louis.

A STORY FROM THE DAILY LIFE OF A PRIVATE DUTY NURSE¹

BY BESSIE LESWING, R.N.

IN my brief experience as a private duty nurse, I have found the work a series of adventures, some pleasant and some not so pleasant, but as I enjoy variety, this phase of nursing naturally appeals to me.

Early last spring, when the roads were one mud puddle after another, I answered a call from the Central Directory for a medical case in the country. As an extra supply of clothes is needed for the country, I filled my traveling bags to overflowing and rushed off to the station, reaching there out of breath, but just in time to get my car. After a three hours' ride, with a change of cars, I was met at the station by the doctor and, as the little Ford chugged along through the mud, he told me about my patient. Along with a few minor ailments, she had phlegmasia alba dolens, chronic gall-bladder trouble, and myocarditis. The doctor thought she might live a week. As we neared the house, he explained that the family was a little crowded for room, there being seven children—the youngest six months old, in addition to the patient and her husband and the house had only three rooms including the kitchen. With this information I was not surprised to find a delirious patient in the middle of a low double bed, with a sadly soiled feather bed under her, and the house (what there was of it), filled with well meaning relatives and friends. As it was six o'clock in the evening and the doctor had other patients to see, he hurriedly gave me my orders, pinched the pink ear of the youngest child and departed.

I felt a little weak when I looked about me, but my uniform always gives me courage, so I found an unoccupied corner and quickly changed from traveling clothes. I then gently dismissed the congregation, made the patient as comfortable as possible, started the treatment ordered by the doctor, snatched a bite to eat, and at a late hour tried to get a little rest on an old back-breaking couch. The next morning the patient's sister told me she had a single bed which she would gladly have loaned her sister, but the husband thought the bed she was in was good enough. I told her to have the bed sent over and if the husband had anything to say to refer him to me. Within a short time we had the patient in the single bed and I appropriated for myself the double bed, minus feathers. It was far from comfortable, but was better than the rickety old couch. Five of the children were sent to their grandfather's, the oldest girl staying at home to do the work, and of course we kept the baby.

¹ Read at the Private Duty Section of the Indiana State Nurses' Association, October, 1921.

For two weeks I gave medicine hypodermatically every two hours, day and night (the family took turns sitting up nights and calling me at medicine time); at the end of two weeks the patient began to improve and soon insisted upon having the children at home during the day. To keep her from worrying, I patched the boys' overalls, front and rear, made some dresses for the baby, gave lessons in sanitation, personal hygiene, dietetics, plain cooking, infant feeding, and managing a miserly husband. I soon learned that the husband had money but hated to spend it on the family. My chief "indoor sport" was asking him for things needed for the wife and babe and watching the agonized expression on his face as he handed over the money. I stayed four weeks and left the patient able to be up and about her room and ready to "carry on." The family was so grateful for my services that they offered to find me a husband, so if I am ever missed from the ranks you will know what has happened.

THE VALUE OF NOTE BOOKS, QUIZ, AND COMPETITION IN CLASS WORK

BY GRACE HEATLEY, R.N.

*Instructor of Nurses, Training School of the Hospital of the
University of Pennsylvania, Philadelphia*

A STACK of monotonous looking note books, two or three bundles of uncorrected examination papers, and a row of heads into which a certain amount of knowledge must be pressed in a given length of time,—this is the meaning of teaching to many. But it is a crude conception; teaching or, in other words, instilling in other minds facts which seem of vital importance, is tense, stimulating and satisfying work.

Frankly, the correction of note books is monotonous, it might even be called a necessary evil. Necessary, because not only must a student know how to sift the important from the less important facts, but also, she must learn to summarize the useful material into concise, well expressed English terms; an evil, because of the amount of time demanded for the correction. In regard to note books, the duty of an instructor should be to teach the methods of taking, and to prove to students the value of, good notes. Until the student has learned this for herself, direct supervision of note books is imperative, but after the student has been thoroughly taught, the responsibility of her note book rests on her own shoulders, not the instructor's. The appearance of the note book deserves comment, but greater stress laid on the notes taken is advisable.

Correction of examination papers is a far more interesting piece

of work, because each paper marks individual attainment and shows the instructor the results of her own efforts. In correcting papers she soon understands how much of her work has found fertile and how much has found barren soil. Furthermore, quiz and examination papers make it possible to divide a class fairly into three sections, as follows:—one, of students who both think and understand; two, of students who are able to understand if they will think; three, of students who have tried and failed. Students of section one should be allowed to advance unhindered; students of group two may be made to learn, either by appealing to their pride, or their reason, or by incorporating fear; students of group three must be given extra help and therefore must be in a separate section. There is much good material in such a section. The results obtained from extra help and encouragement given to them and by the probable employment of the simplest methods of teaching, is encouraging. To repeat, the value of the ten-minute or half-hour quiz together with the mid-term examination shows the instructor the standing of her students and makes the preparation of daily work necessary for the student.

Last but not least, the actual teaching. Two suggestions from able instructors have proved especially valuable to me. The first suggestion is, not to have the class period more than fifty minutes long. Fifty minutes is a reasonable length of time to expect the average mind to concentrate intently on one division of one subject. The second suggestion is to keep the student awake and alert, even if it necessitates the ringing of a bell. One bell which can be rung is competition. For example, in bandaging,—divide the class in two sections and see which side excels in both neatness and speed. The nurses criticise the finished bandage. The employment of such method is practicable in many practical nursing classes—such as in bed making. In other classes have a student nurse take charge of the class during the ten minute oral quiz preceding the regular work. A few of the ethics classes may be given in the form of a formal committee meeting—a student having the chair, the other nurses reading papers, followed by a free and orderly discussion by the class. The last two methods help the nurses to be less self conscious when talking before groups of people, and surely a nurse must be well prepared in her work before she can conduct a class. At the end of the course the student nurses decide which nurse has shown the most ability in conducting either a class or a meeting.

So the desire to make classes successful both by the instillation of true interest in class work and also in the results determined by the grade of practical work done and the percentage grade, rather hides the monotonous duties, such as correcting note books, and makes teaching a tense, stimulating and satisfying type of work.

THE FEEBLE-MINDED AS AN INDIVIDUAL

BY V. M. MACDONALD, R.N.

MUCH has been written in the last few years about feeble-mindedness. Indeed, a casual magazine reader could almost pass an examination on modern ideas about the condition. We know that it is not a rare affliction, and that it is not found only in the lower strata of society. Careful survey indicates that between one and two per cent of public school children are mentally deficient.¹ We know that the greatest simple source of supply of delinquents, of prostitutes, of vagrants, of unmarried mothers, of almshouse habitués, is this unnumbered army of the feeble-minded. Because of the great part mental deficiency plays in all our most difficult social problems we are apt to consider a feeble-minded person as necessarily a menace. Do we not sometimes fail to realize that it may be only our faulty treatment or our neglect of him that brings the danger? The royalty of kings lies in the attitude to their subjects and the menace of the feeble-minded is in proportion to the public misunderstanding and neglect of his needs.

What after all, is a mentally defective person, considered as an individual? He is a child no matter how long he may have lived,—a child of six or ten or twelve thinking the thoughts, enjoying the games, wanting the daily interests, needing the constant affection, requiring the supervision and guidance natural to normal children of his permanent mental age. Dr. Pearce Bailey of the New York State Commission for Mental Defectives writes: "They can be taught to do useful things, and thrive and bloom under kindness, approval, praise and reward. Their affections are lively and attach readily to whoever wins their confidence. If all defectives could be brought up in good homes they would cease to be the social menace they are now."²

The possibility of scientific diagnosis of the condition is now relieving hundreds of teachers from the hopeless task of trying to force into heads incapable of reasoning a knowledge of arithmetic or history or civics. The defective children are sorted out for classes where the teaching is centered on training in habits of obedience and industry in simple handwork. We have to acknowledge that all our modern science cannot add one cubit to the mental stature of the feeble-minded. No amount of training will ever make him a skilled workman, or ever enable him to direct his affairs with good judgment, common prudence and reasonable foresight. Fortunately, however,

¹ Education of Mental Defectives—By V. V. Anderson, M.D. Mental Hygiene, Vol. V, No. 1, pp. 85-122, January, 1921.

² Backward and Defective Children—By Pearce Bailey, M.D. Chairman New York State Commission for Mental Defectives.

we have had our eyes opened to the possibilities that lie in the development of the simple manual crafts among these perennial children.

An additional and most helpful light has been thrown on the whole problem in very recent years. The accepted idea that the only place for most defectives to be safe and harmless was in an institution brought little but despair to social workers because of lack of accommodation. Then the conviction slowly grew among the leaders of research in this field that the emotional make-up and tendencies of the defective play as great a part as his mental status in determining his fitness for a supervised life in the community. Of two feeble-minded boys, each with a mental age of ten, one may be amiable, docile, and affectionate, while the other may be malicious, mischievous, and unresponsive. The first can be trained in personal habits and simple forms of work, and later allowed to return to the outer world under comprehending supervision. The other may require segregation for life. This analytical study of the individual child has made possible the establishment of colonies of graduates from the institutions for the feeble-minded. The Rome State School at Rome, New York has over eight hundred more "children" under its supervision than the actual capacity of the school.

With the adoption of the newer point of view institutions for the feeble-minded are becoming less and less custodial shelters and more educational training schools, a boon and a necessity for all those defectives who need a more intensive training and closer supervision than can be obtained in the special classes of a public school system. Progressive communities are making use of both the classes and the institutions to provide the special training so essential for these handicapped children. The first step then is to find out what is the matter with the dull boy or girl who cannot keep up with his class in school. He may be backward owing to some rectifiable physical condition and need special care and instruction, or he may be mentally defective. We must have a diagnosis on this point. Dr. V. V. Anderson, of the National Committee for Mental Hygiene, writes: "All serious minded students of mental deficiency deplore the hasty superficial methods employed by untrained persons, who, armed with a set of Binet tests, plus a few weeks training in abnormal psychology, pose before school authorities as diagnosticians of mental defect. Mental tests in the hands of a skilled psychologist who has had adequate laboratory training and ample clinical experience are of immense value in gathering essential data that are to be used in the final diagnosis of the individual child. These tests do not give, however, all of the facts in the case, and sometimes not even the most important facts are thus

obtained. The mental diagnosis of the individual child, the recognition of mental defect as against epilepsy, or psychopathic personality, or incipient mental disease, is a very complex matter requiring not only a training in general medicine and in normal psychology, but a highly specialized training in the field of psychiatry." And again he says, "The determination that a child is a proper subject for a special class is of serious consequence to its future welfare. If the decision is correct, it means an opportunity partially to overcome his prodigious handicap; but no greater injustice can be done a child than to class him as feeble-minded and at a critical period in his life surround him with freeble-minded children when the difficulty is but a temper or retardation in his mental processes which will disappear with the treatment of his physical disabilities and the removal of such other causes of his mental backwardness as may be found."

The rapidly increasing number of mental clinics will make it possible to obtain more easily a dependable diagnosis. What should we say, then, to a mother who is beginning to suspect that Willie is perhaps not just disobedient, but possibly is incapable of learning the usual lessons? Let us urge her to secure a diagnosis from a recognized authority, and then to face the problem frankly and courageously. If a period of training in a public institution is advised, she must leave no stone unturned to secure this special education for the boy. It means the safety and happiness of his whole future. If he should remain at home and enter a special class she must learn to understand and supply his special needs when out of school.

The attitude of a well-to-do family toward a feeble-minded child is sometimes extraordinarily cruel. Family pride resents the presence of one who does not add fresh laurels. Very often such a boy or girl is kept out of sight, shares very little in the family pleasures, or may even be sent away into isolation with an attendant. While this may be necessary in the case of a low-grade idiot who would be an unwholesome influence on the other children in the family, it is indefensible when the victim is a simple-minded affectionate child though grown to adult stature. In contrast is the more humane family where among the other young people Robbie, aged twenty, is happily planning childish Christmas surprises. The mother says, "We always have a special little Christmas for Robbie. He loves the bright little ornaments." The brothers and sisters display an added tenderness in their dealings with this child who never grew up. In the affectionate warmth and watchful protection of that home there is little danger that Robbie will ever be anything but the loved and pitied mental dwarf who must have treatment suited to his condition.

¹ Education of Mental Defectives—By V. V. Anderson, M.D. *Mental Hygiene*, Vol. V, No. 1, pp. 85-122, January, 1921.

Theatre-goers who have been fortunate enough to see "Shavin's," that appealing play of Joseph Lincoln's, will remember the lovable qualities of that gray-headed child, and will learn with pleasure the cheering opinion of one of our leading authorities on the training of the feeble-minded. Dr. Walter Fernald writes: "Those defectives whose defects are recognized while they are young children and who receive proper care and training during their childhood are as a rule not especially troublesome after they have been safely guided through the period of early adolescence." To all who as nurses, teachers, or social workers, are in a position to advise individual families, the duty is therefore clear. We must secure for them a skilful diagnosis for suspected cases, assist them in getting the child placed in a suitable class or training school, and instruct them in the kind and extent of supervision needed for life by these permanent children.

HOME HYGIENE AND CARE OF THE SICK

BY LILLIAN L. WHITE, R.N.

Director Nursing Service, Pacific Division, American Red Cross

AT the present writing, we are preparing a tangible memorial for Jane A. Delano—but, how many of us realize the tremendous memorial her own vision itself encompassed for her when years ago she planned the Town and Country Nursing Service and offered to all women and girls fifteen lessons in "Home Hygiene and Care of the Sick"?

To be sure during the few years before the war, classes were carried on by Red Cross Chapters, or rural nurses employed by them, simply because the idea was part of the Red Cross nursing programme; but then the war came with the prospective Nurses' Aid who was expected to have taken this course; naturally considerable interest ensued; but not until after that terrible scourge of influenza in 1918, and we found ourselves without anything like adequate nursing service, did Miss Delano's dream come more nearly true; to be sure the eternal idea of self-preservation was now the incentive, but could one expect anything else, when during that awful scourge all over the country any woman with two hands, two feet and (it was hoped) a head had been avidly appealed for and as avidly sent out? But alas! while the spirit was willing the flesh proved weak and so, many an isolated community bethought itself of the Red Cross classes, writing in to the Division Nursing Service, "We know you did the best you could in sending us those women, but they were not nurses

and we can do much better by ourselves, if you will send a real nurse to teach us."

We were hearing a great deal at this time about "traveling instructors," and we thought it a fine idea, especially as there seemed to be so few nurses just then, with other demands so insistent, to go out into remote places; but the thought would come that after all you couldn't put a nurse in a Chapter in the northern part of California and at the same time have her at work in southeastern Arizona, two days and a night's journey off. Chapters about this time seemed to be all of one mind, *i. e.*, to escape their previous experiences by means of a teaching nurse; and this, too, with little stimulation, and so we were confronted with the usual two horns of a dilemma,—to wait until we had a sufficient number of instructors to meet the requests already in or to stimulate more generally and trust to Divine Providence to send us the nurses! We decided on the latter and, that we might make our resources (we hadn't any yet) go as far as possible, our Director of Instruction herself started out, and the rest of us remained at home to pray for "traveling instructors." Finally a telegram came to send a nurse immediately to a far distant county, and actually, that very morning, into the office came a wonderfully fine ex-superintendent of nurses wanting to know what she could possibly do "a little different." Needless to say, she proceeded immediately on her way to answer that call, and then the telegrams kept coming and nurses came trooping in from service, still glowing with the excitement of their experiences abroad and unwilling to settle down; we didn't want them to settle down in just the orthodox way either; but the subject was new to them, and with constant telegrams unanswered it was easy for us to tell the need and for them to rise to it, and so in less than two months' time we had over one hundred "traveling instructors" out, that is, each one traveled from the Division office to a Chapter and over its jurisdiction, for in the meantime we had become brave and had sent out another nurse to promote the work who sent in more requests for instructors. All this time the nurses were becoming more and more adjusted—the people were regaining confidence in themselves and when the next epidemic came, many Chapters wrote in, "We have no nurses and only two or three physicians in the county, but we were able to care for ourselves, and how much more we might have done last year had we only known;" but the realization of Miss Delano's dream was coming about all this time, not only in the ability of families to care for themselves during emergency, but very surely communities were unconsciously awaking to their health responsibilities, school houses were being improved, yes, and bonds issued for new ones; hopes for good health realized

and, best of all, that splendid spirit of "neighborliness" was easy when a nurse in the absence of the only two doctors within reach away on distant calls, could herself, in such dire necessity, step in and save little new lives amidst the terrors of a strangling cord around the neck, and a breach presentation; when upon an early stage the driver asked, "Be you this new nurse that everybody's talkin' about? Well, say, that's fine! You're just as common as the rest of us!" And then when we dared believe we could meet a few demands for the public health nurse, we found it not so difficult to bring about "neighborliness," (or is it "coöperation") between the people and the health officer and to find the field fairly ready for the public health nurse who in a number of instances was the original "traveling instructor," given a scholarship by the Chapter and now returned to them as their Public Health Nurse.

At times some of the Chapters themselves have felt that through this course we were preparing "practical nurses" who, armed with the Red Cross certificate, could impose upon an unsuspecting public as a "real Red Cross nurse"; however, with an abiding faith in that same public, we have kept on and many a so-called "practical nurse" coming to the classes avowedly to learn to do better work, has told us that she had learned her limitations; and many a woman has said that whereas before taking the classes she had not feared the "practical nurse," now—well she, too, had realized limitations!

With the welcoming of the classes into the schools, where often teacher and nurse work hand in hand, the influence has been far-reaching; in a city school a young girl appeared disinterested, but when the chapter on "Sick Room Appliances" was reached, and the use of a bedpan explained, her face became illumined and she burst forth, "Oh, my mother has been sick so long! If I only had one of those!" The Chapter immediately provided one, and incidentally relieved much distress in that family, aside from sick room illness. With the revelation that many young girls are shouldering the care of sick ones at home, we realize the practical reasonableness of this course in the schools, and at the same time we know the desire "to be a nurse" has been fostered and that many girls have later entered training schools. The statement has often been made that opposition from parents prevents young girls from choosing nursing as a profession, but we feel that sane teaching of elementary home nursing to mothers and daughters is doing much to relieve such opposition.

There is no question that while our profession may be going through deep waters, we are facing toward a brighter day and one of better understanding from the general public; and no mean factor

will have been the bringing of teaching of elementary nursing into the home and in the school.

While thousands of certificates have been given, throughout the country, to those women and girls who have completed the course, there are still as many thousands who did not take the full course and many who did not take the examination, but who can say how much information has fallen on fertile ground? We know of many, many women who have left little children at home with fathers to attend evening classes, many who have brought little children with them, many who have come miles over the hardest kind of roads but who even then have failed to attend the twelve lectures necessary before taking the examination, but such desire for nursing knowledge is bound to count even if not shown in "number of certificates issued."

And so when we know these things and hear that a rich woman living in a somewhat isolated town, said to one of our former instructors, "I was forced to nurse my child myself, and all I learned from you simply had to come into play and I know I saved his life"; when an instructor is begged to come back and see the new school house now completed; when former groups of women students are now on Committees for Public Health Nursing, and stand for community health and community betterment, not only in one Division, but in them all, we cannot too deeply appreciate the far reaching effort of "Home Hygiene and Care of the Sick"; daily we realize that the spirit of Jane Delano is abroad in the land.

DRESSING THE INDUSTRIAL INJURY CORRECTLY

BY VIRGINIA L. MONTGOMERY, R.N.

Marcus Hook, Pennsylvania

THE accident in industry is necessarily accompanied by a certain amount of time lost from work. Every minute wasted is an economic loss to both the employer and the employee, which evidences itself materially in slender pay envelopes and decreased production. This loss of time may be largely governed by the skill and ingenuity of the dispensary personnel:—it may be increased by the improper application of the industrial dressing, which differs from the ordinary "hospital case" dressing, or it may be reduced to a minimum by study of conditions and thought.

The dressing of major injuries and those requiring hospitalization with its lengthened period of time lost, are treated in the same

manner as the ordinary hospital case, but in the event of minor injury to factory employees, the treatment and dressing differ markedly from hospital routine. This furnishes an interesting branch of industrial nursing technique which heretofore has not been exhaustively studied. Industry recognizes another factor of equal importance to the rapid healing of the wound proper,—the prevention of excess time wasted in numerous trips to the dispensary for unnecessary re-dressings. In the ordinary accident the only time lost should be that consumed in making a daily visit to the dispensary for a fresh dressing, and this should be applied by a nurse or a skilled attendant who is especially qualified for this highly specialized work.

The ideal industrial dressing for minor wounds should, first of all, be neat. This does not necessarily mean that every fold must be measured, every turn a model of perfection, but it should be as nicely applied as possible, eliminating waste of material and fitting snugly. It should be practical. By this I mean it must be neither too bulky nor too scant in proportion. The nurse fresh from her hospital training is apt to find this happy medium difficult to acquire. She has been accustomed not only to protecting the wound proper but, in addition, a comfortable margin around it, making a sort of "no trespassing" area for germs. This necessitated a fairly bulky bandage and the average workman detests the clumsy, extensive dressing. So at the first opportunity he usually relieves himself of about two-thirds of it. This may afford temporary relief but eventual re-infection perhaps, with its friend "lost time" playing the accompaniment. Thus one may readily understand the importance of good judgment in the proper size of the dressing.

Next, the wound must be adequately protected from infection at all times. Every graduate nurse should be sufficiently skilled in dressing injuries to determine this with comparative ease. Then the bandage must be applied so as to render the least possible hindrance to the workman in the pursuit of his duties. This requires a minute study of the individual occupations and the conditions under which labor is performed. At the earliest opportunity, the nurse should acquaint herself with the individual plant operations and she should be prepared to render intelligent service because of this knowledge. For example, the lacerated finger of a stenographer would require an altogether different bandage from the similarly lacerated finger of a truck driver or a fireman. One needs a small, compact dressing in order to manipulate the keys of her typewriter or handle a pencil, the others require a well padded dressing that it may be a protection from knocks and bruises. A plain roller bandage would do for both, but the laborer needs small strips of adhesive plaster

fastened to the top and bottom of his bandage to further aid in keeping it in place. Perhaps the nurse would take an additional turn or two over the whole thing which could be removed at night when the man returned home, and thus leave the under dressing clean. This double dressing is practically indispensable to mechanics, painters and laborers who quickly soil the outer layers of bandage on contact with oils, tools and such things.

Last, but not least, the dressing must stay in place in spite of any manipulation. This calls for the greatest amount of skill on the nurse's part to fit the dressing to the work, and have it conform to all the other rules of the game. It is an entirely different proposition to bandage a wound subject to the constant friction of machinery, the wear and tear of pick or shovel, immersion in dirty greases and oils and the like, from the average wound treated in a hospital. For in addition to this, the confidence of the workman in the dispensary personnel (which is no small item) is vastly increased by a business-like bandage which does not interfere with any manipulation.

The nurse's best friend is the common "garden variety" zinc-oxide adhesive plaster. With it she can invent many ingenious devices for applying dressings to the wounds that are so difficult to bandage in a manner satisfactory to all. Often by bridging an injury with a slender strip of adhesive, suturing may be dispensed with, to the great satisfaction of the average workman who has an instinctive dread of the surgeon's needles.

Finger cots are used extensively in some plants, and acid proof as well as grease proof protectors of this type are of undisputed value. The use of black bandages is limited somewhat by the fact that they do not show signs of soiling, and a busy workman not realizing the importance of fresh daily dressings will be loath to take time for it when he sees no external signs of such necessity. A bandage is a little thing, but of great importance to industry, and the science of its proper application is worthy of all the efforts of the industrial nurse if she would become of greatest value to her employer.

THE SHEPHERD-TOWNER ("MATERNITY") BILL SIGNED, NOVEMBER 23

A board of maternity and infant hygiene is created, consisting of the Chief of the Children's Bureau, the Surgeon General of the United States Public Health Service and the United States Commissioner of Education. The Children's Bureau is charged with the administration of the act. An initial grant of \$10,000 is provided for all states and provision is made for further growth covering a period of five years, under carefully stipulated safeguards.

APPLIED BACTERIOLOGY

BY A BACTERIOLOGIST

AT a recent conference of public health nurses and health officers in Michigan, Miss Foley said, "When a nurse does her work she has given the greatest service there is to give, except one. A nurse's work is to care for the sick and keep well people well." She pointed out that the training school provided ample preparation for the former but the nurse is thrown upon her own resources for the latter.

The work of the public health nurse is almost entirely concerned with keeping well people well. "Keeping well people well" is not, however, exclusively the work of the public health nurse. It is true that the county nurse, school nurse, industrial nurse and the city nurse are fundamentally concerned with hygiene and not with medication. It is through the public health nurse that we, the bacteriologists, realize our broadest field of service.

The private duty nurse or the institutional nurse may have for her job the care of the sick, but who can say when her part in keeping people well begins and when it ends? When the nurse keeps herself free from disease and prevents the spread of infectious germs, she, as well as the public health nurse, joins hands with the bacteriologist.

May I quote from a letter received in our laboratory yesterday from a private duty nurse who found it necessary, while caring for a patient, to function as diagnostician and epidemiologist:

The husband of my patient, who has been confined, is ill with a fever. I think it is typhoid. The doctor thinks it is not. The man is not sick enough to be in bed, so helps with the milk which is distributed to some of the families in the village. I am sending a specimen of feces. Tell me what I can do about this, for the Health Officer is a layman and will do nothing.

Today, we recovered typhoid bacilli from the culture of the feces. This information was turned over to our epidemiological department this morning. By tomorrow the distribution of the milk will be stopped. As the incubation period in typhoid is from ten to twenty-one days, we will not know until the end of three weeks whether or not the man was isolated in time to save further infections. We do know, however, that the nurse saved from three to six days by sending in the right material for diagnosis. This may mean that she has prevented an outbreak, as the man might infect the milk one day and not another, or it may mean that she has prevented several cases.

What would you have done under similar circumstances? Are you immune to typhoid? What is typhoid vaccine and how does it protect against typhoid fever? Which is more valuable to confirm diagnosis of typhoid fever,—blood for Widal test, or feces for culture?

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

Collaborators: Blanche Pfefferkorn, R.N., and Grace Watson, R.N.

THE TEACHING OF DIETETICS TO STUDENT NURSES

INTRODUCTORY NOTE

DIETETICS has always been one of the most important subjects in the nursing school curriculum, but with the recent strides in nutrition and in the dietetic treatment of disease, it must necessarily take a much larger place in the preparation of the student nurse. Without a thorough, up-to-date course in dietetics, nurses nowadays find themselves seriously handicapped in public health work and in other branches of nursing.

Reports from nursing schools throughout the country and the results of state examinations for a number of years have shown that dietetics is one of the weakest subjects in nursing schools. There are many reasons for this, among them lack of sufficient time, adequate equipment, good text-books, and trained teachers. But the main reason is that few of us seem to have given the subject the careful thought and study it demands. We have been content to go on with the same old cookery outline and the same teaching methods which we started with years ago, forgetting that the whole subject has been growing rapidly and that the emphasis has changed greatly in the past few years, both in subject matter and in method.

Dietitians as well as nurses are responsible for whatever failure there has been to galvanize this vital subject into life. The American Dietetic Association has shown its interest by appointing a sub-committee of its Committee on Education, to coöperate with the Education Committee of the League of Nursing Education in working out a more satisfactory outline for the teaching of dietetics to nurses. The report which follows is only a preliminary study to be supplemented later by a fuller outline of typical classes or lessons now being worked out by the members of the Dietetic Association—also lists of illustrative material, text and reference books, etc., for the use of both teachers and students.

The committee invites suggestions and criticisms from all those interested in the better teaching of this subject. The members of the sub-committee are:

Lenna Cooper, Battle Creek Sanitarium, Battle Creek, Michigan.
Charlotte Addison, Post-Graduate Hospital, New York.

Isabel M. Stewart, Department of Nursing and Health, Teachers

College, New York, (Chairman Education Committee of the National League of Nursing Education).

Chairman, Katharine A. Fisher, Department of Household Administration, Teachers College, New York.

OUTLINE OF A COURSE OF STUDY IN DIETETICS FOR
STUDENT NURSES

PRELIMINARY COURSE

Time

This course should be given during the preliminary period of training. A minimum of 60 hours of lecture and laboratory work is recommended; laboratory periods should be at least two hours in length.

Instructor

The class should be conducted by a dietitian who is a graduate in household science from a recognized school.

Preparation of Class

It is assumed that the students are of high school grade. Exemption from the course should be granted to those students considered by the superintendent of nurses and the dietitian to have had the equivalent of the work given. An examination should determine such exemption, and all students should be required to take any work directly relating to cookery for the sick which was not included in their previous training.

Laboratory Equipment

A laboratory is essential, with facilities for individual laboratory work. Not more than sixteen students can be handled satisfactorily by one teacher in one laboratory section. Illustrative material, such as charts, slides and exhibits should be supplied and freely used.

Aims of Course

1. To give students a sound fundamental understanding of the principles and methods of cookery for well and sick people.
2. To make them familiar with the nutritive values of food and with the essentials of well balanced daily meals for well people and convalescents under varying conditions.
3. To help the students to thoroughly appreciate the economic aspects of food, such as selection, relative costs and control of waste.
4. To give a training in high standards of cleanliness and sanitation in the care, preparation and service of food.
5. To give practice in the planning of well balanced, attractive and suitable menus, and a training in the efficient preparation of these.
6. To demonstrate and maintain dainty and artistic service of food.

Methods of Teaching

1. Some instructors may wish to separate the lectures from the laboratory periods. If this scheme is followed, it is thought that fifteen one-hour lecture periods should be planned within the minimum time recommended above. The most satisfactory method, however, is the combination of lecture and demonstration by the instructor, followed by laboratory practice, investigation and discussion by the students. The students have thus a chance to directly connect, under supervision, the general principles with their methods in laboratory practice.

2. Instructors should remember that their students are nurses in training and not students specializing in home economics. Only that material, therefore, which the nurse will use during her training and in her professional work later, should find a place in the course, and it should, of course, be presented with a view to constantly holding her active interest. "Fancy Cookery" as such has no place in this course. Dainty and effective garnishes should be taught and interesting variations from the typical dishes considered, but dishes involving much time and elaborate arrangement of ingredients should be excluded.

3. The introductory lessons should bring the students in immediate touch with the actual work of food preparation instead of being entirely devoted to the less interesting phases of laboratory practice, such as a study of equipment and fuels, and it is not desirable to devote the greater part of these first lessons to the theoretical side of the subject. The students should think in terms of the daily food service to patients on all kinds of diet, and it is considered wise to base as many of the lessons as possible on the preparation of an entire meal and the setting up of trays. This plan gives the students practice in applying their knowledge of food values to the planning of the day's diets and the instructor an opportunity to bring to the attention of the class concrete examples in diet and the problems to be met in planning attractive, palatable and well balanced menus. Problems representing suitable meals for persons under specific conditions, such as meals for children of different ages, for adolescents, for adults and the aged, should be worked out by the class instead of asking them to consider isolated masses of facts concerning food values and food preparation. Methods of cooking should be studied as they are first used and later a summary and comparison made of the various methods, as to their effect on the flavor and digestibility of food.

4. In conducting classes the instructor should lay the emphasis on the reasons for following the various methods, on "why" as well as

on "how" and "what." This will keep live questions constantly before the students, making them stronger in technique, more resourceful, and capable of thinking independently in this field. In all review work questions given to the class should reflect this more desirable method of teaching, and it is of the greatest importance that the actual needs of the nurse in her later professional work should be given the closest attention.

5. Standard or basic recipes should be used freely and the students instructed in varying these as necessary. This should give them a knowledge of general principles and of proportions in food combinations and eliminate the memorizing of recipes, a practice which cannot be condemned too strongly. For example, using as a basis the standard recipe for cream sauce, a cheese sauce for macaroni may be made and the various cream soups prepared. General principles of cooking the various typical groups of food should be stressed in the laboratory work.

6. Students should be trained in the critical judgment of the finished dishes and of the meals prepared and served. There should be constant comparison of class results by the instructor and students and for this they may work out score cards. For example, a *baked custard* may be scored on this basis:

	Possible score	Actual score
Appearance -----	1	
Consistency -----	2	
Texture -----	4	
Flavor -----	3	
<i>Or a tray as follows:</i>		
Service -----	3	
Immaculate service -----	1	
Artistic arrangement -----	1	
Convenience for patient -----	1	
Menu -----	7	
Suitability to patient's condition -----	2	
Combination of foods -----	2	
Palatability and digestibility of foods -----	3	

7. Class notes should not be voluminous. They may be conveniently arranged on cards, indexed for reference purposes, and should be carefully corrected by the instructor. A good text-book and suitable reference books relieve students from much note-taking, but at present there appear to be few suitable books of this kind for student nurses. Some are, for the most part, a collection of recipes, while others pay too much attention to specific methods and specific information, with inadequate attention to general principles. The

material presented is not always well adapted to the average general educational preparation of the class and to their vocational needs.

8. The attention of students should be frequently drawn to the various ways in which this work is related to nursing education and opportunities for applying this part of their training as students in the hospital and later in their professional work. The growing tendency, in medicine and nursing, to pay more attention to the dietetic treatment of disease should receive full consideration.

9. The social and economic aspects of the food problem should also be kept before the class. Many of these nurses will be working later with poorer families and will be expected to advise them about the choice and the relative costs of standard foods.

10. The instructor should keep closely in touch with the other preliminary courses most directly related to the work in dietetics, so that she may know how to correlate her work with these to the very best advantage. Instructors should also keep in touch with the latest developments in nutritional work and familiarize the students with the various sources through which they may keep their knowledge up to date.

11. The principles of physical science should be woven into the course in a popular way, to give the reasons for certain procedures in cookery which other courses in the preliminary work do not cover.

12. The content of a course in dietetics for nurses has already received much thought, but the methods of teaching have not been given adequate attention. Students are therefore not always well prepared to use this training to the best advantage.

Content of Course

(These subjects are not arranged in the sequence in which they would be presented in a course of study, nor are they divided into lessons. Such an outline will be submitted later, following the suggestions discussed above.)

1. Review of the physiology of digestion, absorption, assimilation and excretion.
2. Classification of foods and food products under typical food groups according to their place in the diet and to their economic value, as for example:
 - A. *Milk*—important as a source of energy, protein, lime, and vitamins, unique as sufficient in growth-promoting food. Study of grades of milk.
 - B. *Cereals and cereal foods*—economical source of protein, but not well balanced in salts and vitamins; typical starchy foods.
 - C. *Vegetables and fruits*—varying greatly as sources of energy, but rich in vitamins.

- D. Typical *protein foods* and food products:
 - (a) Meat, fish and poultry—generally popular, but expensive as sources of protein and fat. Poor in lime and in vitamins.
 - (b) Eggs—rich in protein, salts and vitamins; value in the dietary depends much on market conditions.
 - (c) Cheese—valuable as a meat substitute in concentrated form.
 - (d) Nuts—rich in protein and fat; valuable as a meat substitute.
- 3. Food values and their measurement; practice in computing food values.
- 4. Composition and food value of the different foods; specific functions of
 - A. Proteins
 - B. Fats
 - C. Carbohydrates
 - D. Salts
 - E. Vitamins
 - F. Water
- 5. Factors in food requirement such as age, climate, activity, size, etc.; consideration of suitable diets for persons under these varying conditions.
- 6. The preparation of foods:—
 - A. Selection, cooking and serving of the typical protein and carbohydrate foods and of the fats and oils:
 - (a) *Fruits and vegetables*—dried and fresh, greens and legumes.
 - (b) *Cereals and cereal foods*—including gruels, breakfast cereals, macaroni and rice. Comparison of ready-to-serve and home-cooked cereals as to cost and food value.
 - (c) *Eggs, milk and milk products*, including sterilization and pasteurization of milk.
 - (d) *Fish*—baked, boiled and broiled fish; shell fish.
 - (e) *Meat and poultry*—broiled chops and steaks, squabs and chicken; broths and beef juice.
 - (f) *Fats and oils*—their use in cookery; commercial preparations.
 - B. Preparation of the typical food combinations:
 - (a) *Beverages*—including albumenized drinks, and milk and egg drinks.
 - (b) *Thickened liquids*—the use of the prepared starches, especially cornstarch and flour, in making cream soups, purees, sauces and desserts; basic recipes for these dishes with practice in varying them as

to thickness, flavor and ingredients; method of using eggs with the starches in thickening liquids.

- (c) *Flour mixtures*—study of lightening agents; basic recipes for biscuits, muffins and plain cake, with methods for simple variations; sponge cake.
- (d) *Salads*—illustrating the serving of different foods and suitable combinations of these; salad dressings.
- (e) *Gelatine dishes*—basic recipes for the plain jellies, sponges and creams, with the simple variations.
- (f) *Frozen dishes*—types and their variations; freezing small quantities.
- (g) *Food sanitation*—handling and care of food, especially of milk; care of kitchen utensils and equipment; brief study of the sanitary aspects of commercial food distribution and preservation.
- (h) *Methods of cooking*—their effect upon the digestibility and flavor of food.
- (i) Use and abuse of condiments.
- (j) *Hospital diets*—use of liquid, light and full diet, with general procedure in feeding the sick.

Practical Work in the Diet Kitchen

1. It is coming to be generally recognized that the diet kitchen is a laboratory where the student nurse may apply her technical knowledge and where she may develop a fair degree of skill in preparing food for the sick. The student is there to be taught and must not be thought of simply as a means of getting the work done.
2. The duties of the student nurses in the diet kitchen should not involve any needless repetition, and their services should not be used for the routine of dishwashing and other cleaning, or for much preparatory work, such as paring vegetables, washing greens, etc. Maids should be employed for this purpose.
3. It is desirable that the students should have some of their diet kitchen experience during their preparatory course or soon after, so that they may apply at once the elementary principles and procedures outlined above. This period should be for at least three or four weeks, the time of each student being carefully organized so that she may have practice in the preparation of all typical dishes included in above outline. This should prepare her to assist in the preparation and serving of the simpler ward diets.
4. Later when she has had more opportunity to study different types of disease and to care for more complicated cases, she will take

up the preparation of special diets and formulae for infant feedings as outlined in the more advanced course below.

DIETOTHERAPY

A COURSE OF STUDY IN DIETOTHERAPY FOR STUDENT NURSES

Time

A minimum of 20 hours is recommended, or 30 hours if infant feeding is included.

It is thought advisable that this course should be given as soon as possible after the preliminary training and, if arrangements can be made, to have the students receive this instruction during the time they are taking their training in medical nursing, they will be able to use their knowledge to the best advantage.

Instructors

The dietitian should be a graduate of a recognized school, fully qualified to meet the requirements of special hospital dietary work.

The medical phases of the subject may be given by a physician who is a specialist in this field.

Aims of Course

1. To apply the principles of cookery and of nutrition to the dietetic treatment of nutritional disorders.
2. To teach the students how to fill doctors' dietary prescriptions and to make attractive menus and palatable meals from these.
3. To teach the students how patients may be led to understand the purpose of their dietetic treatment in order that they may cooperate more fully with the physician and nurse.
4. To study the charting of diets on history sheets.

Methods of Teaching

As the student nurse will have an opportunity for practice in preparation of diets in the diet kitchen, it is thought that less than half the time devoted to this course should be given to laboratory practice. As each type of diet is being considered, trays, demonstrating suitable menus, should be prepared and used as a basis for lectures and for discussions by the students.

Content of Course

1. Principles in the dietetic treatment of disease, with special reference to diseases of metabolism, and other conditions requiring special diets.
2. A study of the various types of diets as they are used in treating various diseases, using each as a basis for planning attractive menus and preparing palatable meals for patients.

- | | |
|--|--|
| A. Starch free diet | G. High calorie diet |
| B. Fat low diet | H. Diets with roughage |
| C. Protein low diet | I. Diets as free from roughage as possible |
| D. Purin free diet | J. Various combinations of above diets |
| E. Salt free diet | |
| F. Diet with restricted or forced fluids | |

3. Practice in filling dietary prescriptions, computing calorie values of special diets when necessary, and charting.
4. Infant feeding—modified milk and doctors' formulae—technique of milk room, such as care of feeding bottles, use of Babcock tester, etc.

Practical Work in the Wards and Diet Kitchen

1. When the student nurse is experienced enough to be assigned to the position of chief diet nurse in the medical or surgical wards, it is desirable that her time should be divided, if possible, between the wards and diet kitchen, in order that she may study the patients' individual needs, prepare under supervision the diets for the special cases, and follow closely the effects which are produced by the treatment.
2. In the same way, her service in the milk room should, if at all possible, be a part of her service in the children's wards, so that she may know the condition of the babies and watch from day to day the results of the formulae they are getting.
3. As an instructor of nurses, the dietitian or her assistants should, through visits to the wards, keep closely in touch with the diet work of the student nurses there. In the larger hospitals where the dietitian has charge of the administration of the dietary work throughout the entire hospital, she should, of course, have adequate assistance for the supervision of the work of the diet kitchen and for the training of student nurses. Here also the pupil dietitians should get their training in supervising special diet work.¹

Post-graduate Work

Special problems of food and nutrition in public health work and in institutional administration should be considered as post-graduate study. The social service dietitian is best qualified to give instruction in the former, and the administrative dietitian in the latter. Nurses who wish to specialize in metabolic work should also plan to take post-graduate training.

¹ This means not more than three or four hours' practical work daily if the period comes during the preparatory term or an equivalent number of hours if following the preparatory course.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Bureau of Nursing, American Red Cross

THE NURSING SERVICE ON ARMISTICE DAY

PERHAPS no event in the annals of the American people transcended in solemnity and symbolic beauty the ceremonies attending the burial of the Unknown Soldier in the National Cemetery at Arlington on Armistice Day. Vast throngs had assembled from every part of the Union, not only in our National Capitol, but in every great city where appropriate services were simultaneously held, and at high noon, when the throbbing heart of the whole civilized world was stilled for two sacred moments in tribute to that heroic heart forever stilled, it was as if the spirits of those legions who gave up life that life for the world might be made worth living, hovered in benediction over those thousands of bared and reverent heads.

It was peculiarly fitting that in the tributes paid to the Unknown Soldier as he was borne to his final resting place, the Red Cross nurses should have played so impressive a part. It was they who had ministered to him during the lurid days of war; they who had best understood and most selflessly served his needs under the Red Cross or as members of the Army Nurse Corps; and they who had eased his last hours of mortal agony as they went down with him into the Valley of the Shadow of Death. That they should follow close behind the funeral cortege on that most sacred of all memorial days was meet and right.

The ceremonies in Washington had begun the day before, when members of the American Red Cross Central and Executive Committees and other Red Cross representatives, acting as a committee for the entire Red Cross membership, went in a body to the National Capital there to place upon the bier, lying in state, the wreath given by the American Red Cross. And among this number was Clara D. Noyes, National Director of the Red Cross Nursing Service, who had been responsible for the mobilizing of 20,000 nurses for active service during the war.

In the processional that made the five-mile march next day from the Capital to the National Cemetery the nurses were an impressive group. Nearly all were ex-service nurses. From all sections of the country they had come in answer to the circular letters sent out by Miss Noyes through Division Headquarters. Their response surpassed all expectations. Among them were thirty from Base Hospital No. 1, Miss Noyes' old Bellevue unit, a large delegation from the Atlantic Division, a group of eleven from Philadelphia, and many individual nurses from all over the country. Nearly all displayed

upon their uniforms special medals received for meritorious services. Among these were Beatrice MacDonald, the first person to be assigned the Distinguished Service Cross during the war for bravery under fire; Florence Johnson with her Florence Nightingale Medal and Elizabeth Bairnsfather, a cousin of the famous cartoonist and herself a reserve nurse connected with the old base hospital units 18 and 25. From the District, thirty nurses responded.

In the historic capes that have symbolized throughout the war and all over the world the nurse's mission of healing and compassion, flung back to show a flash of scarlet lining, headed by the Director of the American Red Cross Nursing Service, they took the five-mile march with springing step and sparkling eyes. It was as if the scroll of the years had been rolled back again to those martial days of 1917 and 1918 when they surged forward 20,000 strong in response to their country's call. As they passed a wave of feeling, electric, vibrant with emotion followed in their wake.

"There marches the symbol and spirit of service," one man was heard to murmur, while a woman whose voice trembled with the depth of her feeling exclaimed, "The Red Cross Nurse! No other uniform thrills me as hers does. No other insignia exemplifies quite what the badge of the Nursing Service means. These are uniforms that are won, not merely worn, won after years of faithful service, never donned for idle show."

In every city where special Armistice Day ceremonies were held, the nurses were conspicuously honored.

I wish I could tell you in exactly how many different places in the Atlantic Division nurses took part, writes Florence Johnson, Director of Nursing Service in that Division. I think one might safely say that in all towns and cities where celebrations were held, the nursing service was represented. In over twenty places we were asked to furnish caps and capes for nurses in groups of from one to fifty. Here in New York, a goodly group escorted the Gold Star mothers to the meeting in Madison Square and later marched in the Armistice Day parade. More than seventy went on to Washington to participate in the ceremonies there. At first we had expected not more than ten or twelve, but after Miss Noyes spoke at the Jane A. Delano Post meeting and the nurses began to hear more of the plans, they came into Division Headquarters in groups, eager to go and pay their tribute to the unknown soldier. As all nurses were asked to defray their own expenses, this meant a great deal. We were glad to issue capes to all who requested them and every one felt that it was indeed a privilege to be a part of that wonderful ceremonial. There were several towns in the Atlantic Division where tablets or statues were unveiled in memory of the soldier dead and in each such instance the nurses participated. The people take us so much for granted that they always expect us to be a part of their celebrations without thinking to mention it afterwards.

In New York City there was also unveiled in Bellevue Hospital the beautiful bronze tablet in memory of Jane A. Delano, Eva E. Emmons, Grace McBride and Kathleen E. Symmes,—members of the

Bellevue Ex-Service Club participating in the exercises. Like Jane Delano, the other three Bellevue nurses died overseas while in the line of duty; Miss McBride in Siberia, in 1918; Miss Emmons in France, during the influenza epidemic of 1918; and Miss Symmes during the same year while on duty with the A. E. F.

Full reports from the other Divisions are not yet made up, but Mary K. Nelson of the New England Division, makes this significant reference to the response with which the people of Providence, R. I., greeted the marching nurses.

Sixty nurses took part in the Armistice Day parade in that city, and in the thirty-five minutes required for the procession to pass through the City Square, only three times did the crowd break into cheers, so solemn was the occasion. The third salvo of applause came when the Red Cross nurses in their simple white dresses and the traditional capes marched past. In them the crowd saw symbolized the women who had served in field and hospitals overseas. We have also received pictures from Athol, where a much smaller band of nurses was received with the same enthusiasm.

Incident to the above accounts of the share the nurses had in observing Armistice Day, it may be mentioned that nurses more and more are being invited to participate in patriotic demonstrations the country over. A notable example is the "Foch Day parade" held in the various cities visited by the celebrated French commander upon the occasion of his visits. In Indianapolis, an Ex-service Personnel parade was staged and great pains taken to make the day a memorable one not only in the eyes of the distinguished visitor, but in the annals of the state.

"Everybody who marched was either in service or an ex-service man or woman," writes the Lake Division. "We nurses were very much honored in being permitted to march in the parade, as there was only one other very small group of women in the whole long line of men. We secured a very good Sergeant to drill us a few evenings before time for the parade. We marched in cross formation, which proved to be very much of a *Red Cross*, as we had the flaps of our capes thrown back over our right shoulders with the Red Cross on the left side very much exposed to the spectators. Applause greeted the marching nurses all along the four-mile line of march and when they passed the reviewing stand, where Marshal Foch and the other celebrities were seated, every man in uniform stood at salute."

THE NATIONAL COMMITTEE ON RED CROSS NURSING SERVICE

The annual meeting of the National Committee on Red Cross Nursing Service was held Tuesday, December 6, in all day session at National Headquarters, Miss Clara D. Noyes presiding.

Surgeons-General of the Army and Navy were present, also the superintendents of the Army, Navy, and U. S. Public Health Service Nurse Corps.

Reports were given of the last meeting of the National Committee on the following subjects: Enrollment, Assignment to Duty, Nursing Service in Foreign Countries, Public Health Nursing, Home Hygiene and Care of the Sick, Nutrition and Volunteer Services.

Incident to the discussion of enrollment it was pointed out that citizenship is now a qualification for the Army as well as the Navy Nurse Corps. It was therefore recommended that in the future all applicants for enrollment who are not citizens should be required to submit their first papers to the Red Cross before their appointment card is issued.

After hearing the report of the Special Committee appointed to make a study of the public health nurse under supervision as an equivalent of deficient preliminary training, it was recommended that only under exceptional circumstances should this be accepted. A lowering of the present requirement of graduation from a school of nursing connected with a hospital having a daily average of 50 patients giving general experience was suggested. After considerable discussion it was decided to adhere to the present requirement in order that enrollment in the Red Cross Nursing Service might continue to be regarded as an achievement to be worked for and also for the purpose of stimulating schools to meet, by affiliation, this present requirement.

Following a discussion upon the utilization of volunteers in civilian hospitals presented by Mabel Wilcox, Director of the Red Cross Volunteer Service, it was recommended that inasmuch as other organizations, such as the Junior League and the King's Daughters, were also offering assistance to hospitals of this nature, a definition of the limitations of such service might well be considered by the National League of Nursing Education. It was therefore recommended to hold the question of the utilization of Red Cross Volunteer Aides for this purpose in abeyance for the present.

High tribute was paid to the value of the work in Home Hygiene and Care of the Sick by Charles S. Scott, Vice-Chairman of Financial Affairs, who was a speaker at the afternoon session. Mr. Scott brought forward the question of an elementary text-book of similar character to that now in use, for younger school children. After some discussion it was explained that health instruction was being given by school nurses and that suitable literature dealing with this subject had already been prepared by the Department of the Interior, while the text-book, "Home Hygiene and Care of the Sick," supplemented by the "Guide to Instructors," should be sufficient to present the subject matter to classes of varying types of pupils.

Glowing descriptions of the value of the Convalescent Home at Bay Shore, L. I., were given by Florence M. Johnson, Director of Nursing in the Atlantic Division; 262 disabled nurses have been guests since December, 1920. The fact that no time limit is set upon a nurse's stay is responsible, Miss Johnson believes, for cures not otherwise easily effected.

Mr. Marion G. Scheitlein, National Director of Public Information, addressed the Committee on the subject of the new national weekly, "The Red Cross Courier," to be launched in January, 1922. This will supplant all bulletins formerly published by National and Division Headquarters, and will consist of an eight-page publication, half the size of a standard newspaper. Live news, special articles, and pictures bearing upon all phases of Red Cross work at home and abroad will constitute the content, the only department being one devoted to the nursing service. For this reason particularly it is hoped that every Red Cross Nurse will help to guarantee the success of the new weekly by subscribing herself and by soliciting her friends, whether enrolled Red Cross nurses or otherwise, to subscribe also.

DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. CARR, R.N., DEPARTMENT EDITOR

National Organization for Public Health Nursing

MY YEAR'S WORK¹

BY EMMA R. CROSS, R.N.

I am a community nurse. Those of you whose work is similar to mine may find it in your hearts to wonder why I write. Even knowing that my professional experiences are not unlike the experiences of other nurses, I do feel that they are unique enough to record, principally in the hope that some one of my sister nurses may read and take heart when she realizes that perhaps near by in a small hamlet there works another nurse whose daily life holds bright spots or dark spots, whichever way the indicator of life turns.

Even though one's work carries her mostly always among the sick, the lame, the blind, the aged and the poverty-stricken, in these, the poorest places of God's great Kingdom, there is still good cheer enough to balance the scales to very livable proportions.

In my "annual report" to my Board there are details running something like these:

Early in September, 1920, attended Public Health Nurses' Convention at Saratoga Springs, N. Y. Helpful and inspiring session.

All schools were visited in my town with a newly-appointed school nurse. Help given in inspecting over 1,000 school children. Clothing and books obtained for a few and the school work formally turned over to the school nurse. Am now free to take up more in detail local community and rural work.

Two courses of lessons given, covering ten evenings each, as part of the night school work conducted in our public schools.

One woman was sent to Rochester at the request of the State Commission for the Blind. As local chairman of said committee, I have reported all known cases of blindness or partial blindness. These cases have been visited by the representatives from the State Department. In these visitations I have personally accompanied said representatives.

Have taken two patients to specialists in Rochester for sub-mucous operations on the nose and throat and have made twelve subsequent trips with them for treatment.

One very sick patient was taken on a stretcher, in a baggage

¹ We wish space permitted us to print all the "details" of this account of what one nurse has meant to her community.

car, to a hospital in Buffalo. I think I will never forget that night. My patient was extremely ill, the baggage car was big and rumbly, my experience along this line very limited, my anxiety correspondingly large. The distance seemed endless. My feelings will be realized when at last that stretcher with its precious burden was placed in the ambulance and under the care of a physician.

Clothing and all necessary things were provided for one maternity case. The destitution in some homes at times like these and the joy of the mother over one simple little outfit are most moving.

After much writing and many rearrangements in plans, one feeble-minded boy has been admitted to a State Institution. Later, the father unknown to anyone, went to the institution and forthwith brought him home. So much for all our efforts to get him properly housed and under suitable training conditions.

One feeble-minded man has been, after proper application, committed to a State Institution.

Much time was spent during the fall in inspection of rural schools and rural school children. Parents were visited in an effort to interest them in needed adenoid and tonsil operations. These visits were not all sunshine, but considering it as a brand new movement in these rural districts they may be said to be fairly successful. One father, in expressing his mind, said, "It's all right for you people to ride around in your automobiles and tell folks what to do, but I for one ain't quite so easy. My kid ain't goin' to have no tonsils out." And another, when approached about the matter, said, "If the woman (meaning his wife) says it's all right, it is. Whatever she says goes for she knows."

During December nearly two weeks were spent in connection with a Community Christmas and the spirit of generosity and good will shown by the people was indeed good to see. One evening was set aside for a community meeting and a very excellent musical program was given, which included every one of the many talented local people. All guests came bearing gifts of groceries, toys or clothing and our large city hall was filled to overflowing. The toys were taken to Community Hall, where the Community Secretary had furnished a tree for the children. Cards were purchased and personally given out to about three hundred children. An evening of songs, pictures and so forth was thoroughly enjoyed.

The donations of money at this meeting made it possible to remedy many physical defects during the year. This could not have been done except for these gifts. This community Christmas was said to be one of the most noteworthy events in the history of the village.

In February an Infant Welfare Clinic was held by the State Department. The local work was done by a committee of enthusiastic women. The town was thoroughly canvassed and personal calls were made by these women, the school nurse and myself. The success of this clinic cannot be estimated. One hundred and seven children were examined. Much follow-up work has been done. Fifty-six calls have been made and thirty-four children have been taken to their respective physicians for advice. * * * Under-nourished children were kept under observation and weighed and measured at intervals. In these cases necessary defects were remedied and milk was provided.

One old lady with a malignant growth on her face has been taken to the clinic at Buffalo for X-ray treatment. I drive a car and find it sometimes quicker and less wearisome than traveling by train or trolley, and my friends like it too—especially this old lady, who remarks, "Miss C——, you're a good woman. You have a kind heart. You're a good driver and I like you." She exudes a sort of philosophy of life that makes the trips short and very enjoyable.

There have been health clinics, talks given at Mothers' Club meetings, Tuberculosis Conferences, Red Cross Association Meetings, etc. A great deal of time has been spent on some social problems and conditions which have resulted in court cases. * * *

I have endeavored to show you how the "scales" balance; how in spite of discouraging days there are the bright ones; how in the back of every cloud the silver shines.

ITEMS

FLORENCE M. PATTERSON, who has so ably filled the position of Director of the National Organization for Public Health Nursing during the past year has resigned. Miss Patterson accepted the position with the stipulation that a permanent director should be secured as soon as possible. Anne Stevens, for three years Director of the New York Maternity Center Association, will succeed her.

DURING the week of November 14, New York City was the center of the "Health World," so to speak. People came from every state in the Union and from our neighbor country, Canada, to attend the conference meetings at the Hotel Astor and the Public Health Exposition at the Grand Central Palace.

The program was prepared by the American Public Health Association in connection with its Fiftieth Annual Meeting.

It was a real success, and everyone attending either the conferences or the exposition is certain that much was accomplished for the cause of health. The conferences were, of course, only for those professionally concerned with health matters, but the Grand Central Palace was visited by everyone—old and young, educated and uninformed—a cosmopolitan crowd that passed from one booth to another, curious about the various organizations that care for their health.

It is generally believed that this first lesson to the public was well worth while and the American Public Health Association is to be congratulated on another successful achievement.

The National Health Council sends the following information:

Only six of the 143 bills concerned in some phase of public health passed the special session of Congress, commenced on April 11, adjourned on November 23, 1921. It is interesting to note that about 10,000 bills and resolutions were introduced in the House, and about 3,000 in the Senate. Only about one per cent. of these was concerned with public health.

The "Maternity Bill," providing for federal coöperation with the states in promoting the welfare of maternity and infancy, after many vicissitudes during a three years' struggle, was passed by both houses of Congress and was signed by President Harding the day before Thanksgiving. The Children's Bureau of the United States Department of Labor will administer the Act, with the Surgeon General of the United States Public Health Service and the United States Commissioner of Education.

The continuance of the Interdepartmental Social Hygiene Board and the creating of the Veteran's Bureau are the other outstanding newly created laws.

MISS JANE E. HITCHCOCK has undertaken an interesting piece of work this winter. She is giving all her time to lecturing on Public Health Nursing to senior students in training schools in Greater New York and through the state. A letter just received from her says:

"Here is a copy of the prospectus of six lectures on Public Health Nursing. I hope you will like it. I am sure you will feel that there is much more to be said and that six class periods are altogether too short a time to cover more than a small part of the field. Quite true, but you know that the objective point in this series is merely to let the senior nurse get a peep, through a half-opened door, into this great field of interest. We do not pretend to go into minute details, the class and I, for this they must get later and in a more extensive course of study. We just try to look into the picture through the crack in the door, and decide whether we wish to get a closer and clearer view. In short, I mean to say that the series is designed to give senior nurses an intelligent idea of Public Health Nursing, whether or not they may later choose it for themselves. They should be conversant with it for their own general culture. As to the success of the series—I do not know what the nurses think of it, but I do know that I am enjoying it hugely. I have always felt a keen interest in young nurses and this opportunity to meet them eye to eye and heart to heart, without any state examination as a dread at the end, is a real joy.

As for the principals of the schools—well, I suppose they feel the message to be a sincere one or else they would not ask me to give it. My schedule of appointments is getting very full."

Miss Hitchcock's prospectus, which embodies the experience of years, would be of interest to anyone contemplating instruction of students in public health nursing.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

SUPERVISION IN A CHANGING AGE¹

BY MARY M. ROBERTS, R.N.
Rochester, N. Y.

THAT this is a changing age admits of no argument, although there may be differences of opinion as to whether the spiritual penury so often discussed is not more apparent than real. The causes of the changes that sometimes seem almost kaleidoscopic are at once so deep rooted and so far reaching as to preclude any discussion here. This paper is concerned with the effect and primarily with the effect upon youth of the tremendous changes going on about us; for changes in those who supervise are frequently due to changes in those supervised, thus youth is changing us.

It is customary for writers on this subject to analyze the situation under such headings as religious, economic, social, and educational. Few beside the "incorrigible" optimists find good in the present economic situation; churches and social workers are striving as never before to fight the forces of evil; in the educational field alone one finds ground for a great hope that all is not as dark as it seems. Universities and colleges all over the country are reporting record breaking enrollments and our stronger schools for nurses are reporting maximum classes. One might attribute the increased enrollment of student nurses wholly to the economic depression were it not for that mighty wave of youth entering institutions where education is *not* paid for by physical labor, but actually in money at so much per point. Is it too much to believe that the causes of this great movement are fundamentally fine and sound and not merely an expression of a desire for better "jobs" than would otherwise be possible?

Having looked on this brighter side of the result of the unrest of the past few years, let us look for a moment at the less pleasing phases. Many sociological treatises and some popular books have been written upon the lax morals of the rising generation,—the generation to which we look for the continuance of our own work. Some social workers are deeply concerned over the increase of immorality among college students. Edna Ferber, in her novel, "The Girls," is conceded to have described very accurately the young woman of today

¹ Read at the annual convention of the New York State Nurses' Association, Utica, October 27, 1921.

who she says belongs to "the modern school that despises sentiment and frowns upon weakly emotional display, *to whom rebellion is a normal state*; clear-eyed, remorseless, honest, frivolous, terrifying; the first woman since Eve to tell the truth and face the consequences."

The ambitions of such young women have to do solely with opportunities for self-expression. Indeed it is probable that some of them acknowledge no higher duty. This is the type that is entering our schools for nurses and it is evident that the very term supervision is at war with their ideas. Our problem is so to guide them that the urge for self-expression may develop into initiative and sound achievement rather than in the license they mistake for freedom.

Supervision, within the meaning of this paper, is intended to include the educational, guiding and restraining influence of all the members of a faculty whatever their official designation. We all know the old style of supervision,—we grew up under it and many of us have attempted to carry it on,—we know all too well that it partook largely of the mental quality of a policeman on his beat, of an alertness to infractions of the law rather than to opportunities for helpfulness. Errors were constantly pointed out and emphasized; some effort there was to assist in overcoming difficulties, but the method all too frequently was that of "trial and error," with severe penalties for the errors. Proud indeed in those days was the student who won commendation. Probably every person here recalls the story once current, of the superintendent who replied to a student who wished her "good morning" with a curt, "Speak when you are spoken to." An exaggerated case, you will say, but the attitude was *not* uncommon. It was a method that put needed iron into one's constitution but it did not make for close communion between students and faculty. Dire indeed was the trouble or the problem that forced us to voluntarily seek faculty assistance.

It is the barest justice to that magnificent older group to whom we owe so much to pause here to acknowledge our *unending debt* to them for the soundness of the structure which they started. Stern with others, they were always much more demanding of themselves than of those about them. I am endeavoring only to emphasize the fact that they worked for us rather than with us. This may be what is needed today, but the present generation of students will have none of it. They cannot conceive of our ignoring them, even for a moment. They demand personal and almost constant attention whether on or off duty. They expect commendation for that which is good and they expect much assistance with that which is difficult. Their "felt needs" are much more apt to be expressed than were those of their sisters of even a few years ago. They expect, indeed demand,

both the "how" and the "why" before giving a treatment or carrying out a procedure or before submitting to a regulation. The rising generation is by no means inarticulate and it is ruthless in its judgments.

What is required of those who successfully guide and supervise these young women? The answer cannot be given without asking another question. What kind of nurses do we *want* to send out? Let us assume that the answer is, as I believe it to be, that we want to graduate nurses who are well grounded in the fundamental theory and technic of nursing, who have a quickened perception of opportunities for expansion and growth, an appreciation of the relation of nurses to the whole fabric of society and with a compelling urge to better society as they find it. Such nurses will find almost unlimited opportunity for self expression in the newer forms of nursing.

What of the qualifications of those who supervise? Aside from the purely professional qualifications which we all know, what does this dynamic and unawed student of today expect, indeed demand of those who teach?

1. Respect for her (the student's) individuality,—first and foremost. She has little tendency and no desire to conform to any pattern save that of her contemporaries.
2. Thorough preparation for the position occupied. Students' respect cannot be held by pretense of a learning that cannot be demonstrated. Nothing so gains a student's respect and admiration as a skillfully demonstrated procedure or a well planned class or lecture. They are critical of teaching methods.
3. They expect breadth of interests and a recognized and honored place in the community. Are there perhaps two phases to our present difficulty in securing enough people for responsible positions? First, the acknowledged distaste of many of the younger generation for responsibility, and second, may it be that the lives of the "training" school personnel seem to them so hedged in as to be unattractive?

In actual practice, as demonstrated by some of our more successful superintendents and their associates, we find students spending hours, instead of minutes as of old, in self-sought conferences with those faculty members who have made such conferences possible. The really successful instructor, head nurse, or supervisor is she who is constantly sought out for advice and help, but this cannot come about unless she is really accessible. Some superintendents make a practice of being available for informal evening conferences without seeming to do so. An open or a closed door frequently proves the determining factor in a student's effort to arrive at a decision in a situation in which she should have advice.

We find a totally changed "off duty" attitude. For example, in

one large school an expected dancing teacher failed to arrive. The superintendent, modern young woman as she is, asked the disappointed group if *she* would do as a substitute and gave a dancing lesson herself! Students in this school recently raised the nucleus of an endowment fund and turned it over to the alumnae for further development.

Can you imagine the students of other years singing that far from classic college song, "She Ain't Got No Style," as happened recently in a well known school, to the head of a school or hospital; or a battle of wits as to who could put up the cleverest posters, the students as an invitation to a party, or the faculty in reply? This latter school is directed by a woman who, for years before student government was inaugurated, had only three *rules* for students, and they had to do with such matters as punctuality at meals. The influence of that woman is almost world wide, because her graduates are made self reliant by the confidence placed in them as students. Another such director recently remarked: "My senior class and I were not understanding each other very well last spring and I decided (now you needn't laugh) that it was because I did not love them enough." Having reached a decision she set about a cure, with the result that when serious trouble came to her a few months later it was the *senior* class, long so troublesome, that gave the greatest support. Her graduates are doing much pioneer work in their own state because they know that they can always return "home" for assistance. Her most recent effort is directed toward getting the students (who are so very young) to confide their love affairs to her and she is justifiably proud of the number who have already sought such needed guidance. Who knows what tragedies may not have been averted?

Student government succeeds in such schools, as it is founded on mutual respect of student for student, and upon faculty appreciation of the students' efforts and sincerity. One has only to recall the instances in which directors of schools have accepted student councils' recommendations for the dismissal of one of their own number, to realize how radical the change has been. It is obvious that it could not succeed were the students not constantly in contact with supervisors who are setting an example of open-mindedness and of confidence in others' integrity. An experienced and skillful worker with girls recently remarked, "It is a time to ignore mere conventions and to put all effort into the development of the fundamental moral sense of our young women." Is it not so in our schools? We, too, must stress the fundamentals both moral and professional. The time has gone by for a too rigid adherence to convention. Let us have less emphasis on seniority, as such, and more emphasis on

worthy achievement. Let us have less emphasis on the day's work, as such, and more emphasis on the actual growth in knowledge of the student. Let us emphasize achievement in terms of actual preventive and remedial care rather than in terms of so many baths, and treatments, and nourishments. Let us help the student understand her own contribution to the health of a community. What higher form of self-expression could she desire? These things can be brought about only by an increasingly intimate contact of supervisor with student, but I am convinced that the closer the personal relation between those of an older and presumably wiser generation, a generation that inherited the spiritual ideals of the founders of modern nursing, and this eager, open-eyed, courageous younger group the safer will be the cherished ideals of our profession and the wider will be the horizon of those who follow us.

WHO'S WHO IN THE NURSING WORLD

VII. ELIZABETH E. GOLDING

BIRTHPLACE: New Orleans, La. PARENTAGE, American. PRESENT OCCUPATION, Private Duty Nursing. EDUCATION, Grammar and high school. GRADUATE OF: New York Hospital Training School, New York. POSITIONS HELD: Ward assistant, Ft. Wadsworth, during part of Spanish-American War; Superintendent of New York Hospital Nurses' Club. OFFICES HELD: Vice-President, New York Hospital Nurses' Alumnae Association; President, New York County Registered Nurses' Association; President, New York State Nurses' Association; Treasurer, New York Branch Guild of St. Barnabas; Member of Committee of Management, Central Club for Nurses, New York; Director, American Nurses' Association; Chairman, Relief Fund Committee, American Nurses' Association.

"IN our novitiate of service, we must turn away from money and all the things that pertain to money. If we are to serve humanity without faltering or failing, we must make up our minds at the start that we are never going to have money, or even want it. We see this perfectly illustrated in the case of certain professions which are wholly given over to ideals of service—the ministry, teaching, social service, nursing, medicine. There is much complaint these days at the miserable income which is earned by the average member of these professions. The complaint is sound, for this income is in many cases inadequate to sustain life. But nobody has ever argued, on the basis of this complaint, that the income for a minister, or teacher, or social worker, should be lifted above a certain respectable minimum."

From "The Novitiate of Service," John Haynes Holmes.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer to insure publication.

BITS OF NEWS FROM ABROAD

DEAR EDITOR: In journeying about France, it has been my good fortune to pass a week at the "Porsmeur," in Morlaix, Brittany. At this delightful Cure for Tuberculosis, established by a public-spirited American lady, the Thezac-Porsmeur method of sun treatment has been introduced. The essential of the treatment is the concentration of the sun's rays by means of a double convex lens with a diameter of twelve inches and a focal length of seventy-two inches. The lens is mounted in a cylinder ten inches deep, lined with brass finish, and attached to a tripod of metal, allowing adjustment at different angles and heights. The heat is very great. The patient should be placed at a point where the sun's rays form a circle of from three to five inches in diameter. The duration of the sun treatment should lengthen progressively. Beginning with five minutes, the increase may be five minutes daily up to thirty minutes, and can be applied twice daily. It is used with marked results in lupus, lung, glandular and bone involvement.

The patients are well nourished and kept quiet in bed till temperatures are normal. While taking the sun cure they wear no corsets nor stockings, and only light-colored clothing is permitted, as the rays of the sun will not penetrate dark material.

ANNA C. MAXWELL.

THE STATUS OF CANTONMENT ZONE NURSES

I

DEAR EDITOR: Upon applying for the New Jersey state bonus, nurses who served under the Red Cross in the Cantonment Zones found they were ineligible for the bonus because they were not considered in any way a part of the military establishment. I understand that the same rule applies in other states that have legislated bonuses for soldiers, and that it will also apply to any federal bonus that may be declared. The matter is being taken up by the American Red Cross and legislation may be secured which will change the present ruling. I have never read anything in *The Journal* bearing on this subject, but I am sure all nurses who are interested would be glad to hear from time to time through *The Journal* what progress is being made toward such legislation.

Virginia.

A. M. B.

II

DEAR EDITOR: The nurses assigned to the United States Public Health Service either in extra-cantonment zones or in hospitals conducted by that Service during the war are not eligible for war risk compensation or admittance to the American Legion. I have been told that they are debarred from the bonus of the states, although there have been some exceptions. This group of nurses is one that has caused us great anxiety. I have made every effort to secure a reversal of the present decision of the American Legion and a request is now before the executive board. I have also presented a plan to the executive committee of the Red Cross to provide compensation for such members of this group as may be physically disqualified or unfitted for further service. While the President proclaimed the United States Public Health Service during war as part of the

military establishment, the nurses and medical staff, I believe, were not federalized and therefore have not been regarded as compensable. I believe, however, that if a test case were made their position in the military establishment could be legally established. It has placed the nursing service of the Red Cross in a most embarrassing situation. We urged the nurses to enter this service, emphasizing that it was as important that the health of the soldiers in the cantonments should be protected and the care of the men who were in the hospitals connected with the great ammunition plants, which provided the necessary implements of war, insured, as the care of the sick and wounded soldiers in military hospitals. Inasmuch as nurses accepted this duty cheerfully and patriotically it seems most unjust that they are now ineligible for the same considerations as have been accorded to Red Cross nurses who entered the Army and Navy, also at our request.

CLARA D. NOYES.

LETTERS FROM NAVY NURSES

II

DEAR EDITOR: Some time has elapsed since we sent a word to you from this far-away station, but we have been "carrying on" and trying each day to feel that some progress is made in the work which is peculiar to these islands. We have had a change recently in our Senior Medical Officer, but there is no change in the amount of interest in our work. No one would dream that our present Medical Officer had recently left the school for the instruction of Hospital Corpsmen since he has, with so much ease, assumed the supervision of the school for native women. I am now making plans for the graduation. The Governor went to Sydney in June and, therefore, the date is later than in former years. There are but two graduates this year, but they have done good work and, I feel sure, will continue to develop as they go out among their own people. I hope that one of the graduates of last year will be able to go to the United States for a post-graduate course, as in the case of Pepe. Her sister is married to a native pastor. As you know, we depend upon the pastors to encourage the native girls to enter the Training School and also to encourage them to retain and act upon the knowledge they have received. Pepe found it a little hard to readjust herself when she returned from the United States, but she dearly loves her own people and very quickly took her place amongst them and has been of inestimable help since that time. Her experience at the children's hospital was a great benefit to her. She worked hard and the hours were long, but she learned a great deal. This morning, as a celebration (it is July 4), one of our large water tanks burst and sent a flood of water over the hill against one of the hospital wards. The houses are all open, but there is a cement wall about eighteen inches high around one side of the house and this wall broke the force of the stream and really was the means of saving the patients, but the water rushed through the ward, under the beds, and out the other side, leaving everyone covered with mud. The ward was without water and the nurses' quarters were also affected as we were supplied from the same system. On account of the holiday, I was afraid we should not be able to have the damage repaired immediately, but it was all in order by 2 p. m., as they piped us to another tank. This is unusually expeditious work for this easy-going place. I have greatly enjoyed my period of duty here. It has not been all pleasure, but what duty is? I do hope that the nurses who come to relieve us will be adaptable. A change is always hard for the native nurses for they are not sure if the change will bring someone who likes them and they are very easily affected. We have been fortunate in having Miss G—, who is young and full of fun and has the faculty of always making them happy.

At the same time, she has wonderful control over them and they love to work with her.

Tutuila, Samoa

B. D. M.

IS THE MODERN NURSE COMMERCIAL?

DEAR EDITOR: In the October *Pictorial Review*, Dr. Charles Mayo attacks the training schools and the nursing profession most unjustly. All professions contain some members who have mistaken their calling, and it is true that our nursing profession has not escaped. Dr. Mayo blames the training schools for what he calls "over-educating," and condemns the three-year course. The writer of this article was one of the first three-year-course students. Then, and ever since then, the training schools have endeavored to meet the demands of the medical profession. Each year has shown big strides in the medical world. The Mayo brothers have been the admiration far and near for their surgery, and their splendid success. Could this success have been assured if a body of splendid women had been less educated, and therefore unable to cope with their demands? During an operation the nurse anticipates the wishes of the surgeon. If she makes the slightest slip she is a handicap to both the patient and the surgeon, and the after-care; surely that must count, where the nurse spares not herself to save life. Perhaps she is weary and fatigued from the strain, but she does her work bravely, and without complaint for the sake of the patient. The nurse is often overlooked by the surgeon; the results of her efforts are frequently lost sight of, and the Mayo brothers are praised, as are all successful surgeons for their splendid work. Nurses are taught loyalty to their superior officers. Very often the patient who for some reason lacks confidence in the attending physician regains it through the efforts of the nurse. Dr. Mayo denounces the nurses as a Union, and calls them the "greatest autocratic closed shop in the country." This attitude is most unjust. We have our rates for services rendered, a stated sum, for the benefit and protection of the public, with the understanding that we use our own judgment, according to the family circumstances. Many times a nurse stays over for two or three days without extra remuneration to help those who feel that they cannot longer afford her services. I know of many nurses giving this extra service gladly. It is often the very wealthy who take advantage of a nurse, and who try in every way to make her earn her pay, even giving the house maids a vacation, and expecting the nurse to meet every emergency. Many times a family will resent a nurse's time off duty. A patient complained, not long ago, that all previous nurses went out every day, regardless of the patient's condition, yet when this patient did not need the nurse's services, she expected her to act as a companion. The last nurse went out twice in two weeks, and yet a rest was not even suggested. The visit of the physician is anticipated by the patient, and great are the preparations made, so that she may look her best. The physician sees her for probably ten minutes, during which she is all smiles. The moment his visit is over she resumes her complaints, all her aches and pains return for the nurse's benefit, until it becomes almost unendurable. This does not refer to the majority of patients, fortunately, but demonstrates what nurses frequently have to contend with. Another case I would like to cite. I had a patient who continually complained of the expense she was undergoing in having a trained nurse, yet she often expressed the wish that her doctor would come every day, and she would willingly pay for such unnecessary calls.

The nursing profession is called a Union because of a few members who

have not high ideals. These members meet the public with the spirit, "You are getting face value from me, and I will do as little as I can for you." This puts a mercenary consideration first, and is not the way a true nurse values her services. Was the medical profession called a Union when its members met a few years ago to regulate their fees, charging more, after hours? I think not. What can the medical profession do to increase the hospital staff of nurses, and to help all of the nurses to retain those ideals that Dr. Mayo says are being lost sight of? Our answer would be—not to forget that nurses are women, and to show them respect by not making unseemly jokes; by not swearing in their presence; by showing loyalty to the nurses, as they expect the nurses' loyalty to them; by not scoffing at religion, which is done invariably, and lastly, by encouraging church-going, by going to church themselves when possible. The medical profession and the general public seem to forget or do not realize that there are hundreds of young women from Canada and other countries in our training schools. They come with high ideals and look up to the physicians for help. Some of us can look back to the time when we were strangers, and we can remember the physicians whom we respected, the men who made it easy for us to retain our ideals. We knew they considered their patient first, and had the Christ spirit. If the captain of a ship is careless in little things the crew will become careless, but a good captain will inspire the men to do their best. I feel that the training schools should arrange their Sunday morning hours so that the students, if they wish, may have the privilege of attending morning service. This would mean a matter of one extra hour. Mothers would then be more willing to have their daughters enter training schools, feeling that they would still retain the church influence to which they had been accustomed at home. The clergymen have neglected their duty, also the congregations, for not finding out those who are strangers in a strange land. They would do well to follow the example of a rector of a certain Episcopal church who sent an individual letter to each member of the graduating class, and the probation class, requesting the pleasure of their company at a reception and concert to meet the members of the congregation. The invitation was so cordial that the students could not feel that they were being patronized. One of the superintendent's assistants said afterward that she had been in the hospital for ten years, and that it was the first time she had been invited to a social function, and had an opportunity to meet the people outside of the hospital. One little probationer, after being in the hospital a few weeks, expressed the wish to attend the church of her people. She was told by a senior that there was no time for church, that the clergyman and the congregation were not interested in her, and if she went she would be patronized. Naturally she was discouraged and grew careless, and her ideals were soon lost sight of. She became mercenary, and when she graduated and entered the homes of her patients, her extravagance and general undesirability cast a shadow on nurses in general. If a nurse has opportunities to meet people outside of her profession, if these people are generous and social and cordial and invite her to their homes, thus giving her a touch of home life, it would mean much. Eventually the people would be amply repaid by her appreciation and her broadened outlook on life, besides giving her some outside interest, and something to think and talk about other than her hospital work. Thus the spirit of Florence Nightingale would permeate and influence the nursing staff in our hospitals, and would help materially to decrease the undesirable members.

In closing, let me appeal to the physician, the clergy, and to the public in general to help us to raise our profession to the high standard that Dr. Mayo

fears is being lost. Our nursing profession will be then as always, one of God's noble works, and caring for the sick will be a sacred privilege.

Massachusetts.

E. G. M.

TWO SIDES TO A QUESTION

DEAR EDITOR: Have read in your *Journal* of a "terrible item of interest" regarding ten years' imprisonment for a nurse for having "Patriotic Republican Sympathies." Would it not have been advisable, less misleading, to add the fact which was given in the press that the said nurse was driving an automobile containing high explosives? Had the car been filled with surgical dressings, instruments, etc., the lady in question would be entitled to the sympathy of the whole world, but such was not the case. Is it not a nurse's privilege to bind up the wounded and tend the suffering, without thought of politics, religions or country, and not to help in forwarding the destruction of human life? Then surely she is no more worthy to follow the "Lady of the Lamp." Probably the foregoing is unworthy of publication, but it is written by a graduate nurse who has nursed among many peoples, be they so-called friend or foe, and above all, a lover of justice.

England.

G. M. S.

' Page 38, October *Journal*.

A COURSE FOR INDUSTRIAL NURSES

DEAR EDITOR: The Health Department of the City of New York is considering giving a course of twelve lectures to nurses engaged in industry, or desiring to enter industrial establishments.

The course will conclude with a written examination covering the subjects touched upon in the lectures. The value of the course would be materially advanced if field work could be included. All nurses interested will please communicate with Christine R. Kefauver, R.N., Acting Supervisor, Division of Industrial Hygiene, and state what day of the week would be most convenient, whether afternoon or evening is preferred, and whether field work is desired.

New York.

CHRISTINE R. KEFAUVER.

JOURNALS ON HAND

I

The following numbers of *The Journal* may be had by paying postage, address Mrs. C. D. Reiner, 320 North Broadway, Santa Monica, Calif: 1909, all except October; 1910, August through December; 1911, January, March through August; 1912 and 1913, complete; 1914, January through July; 1915, June through November.

II

The following *Journals* may be obtained from Mrs. Nellie L. Russ, Health Bureau, Rochester, N. Y.: 1901, December; 1902, June; 1908, August, October, November; 1909, all but June, August, November; 1910, January through March; 1911, September and December; 1912, January, May through October, December; 1913, all except April, August, September; 1914, April and November; 1915, January, July through December; 1916 and 1917, complete; 1918, all but January; 1919, January through March and October through December; 1920, complete.

NURSING NEWS AND ANNOUNCEMENTS

THE AMERICAN NURSES' ASSOCIATION

THE SEATTLE CONVENTION: *Date.*—The date suggested by the directors of the American Nurses' Association, July 10-15, proves an impossible one for many public health nurses, as it interferes with summer institutes. It will be necessary, therefore, to select a new date when the joint boards meet in January. This date will be announced in the February JOURNAL if possible.

Transportation.—R. Inde Albaugh, office director at National Headquarters, 370 Seventh Avenue, New York, has been chosen as chairman of the Transportation Committee by both the National League of Nursing Education and the American Nurses' Association. The members of her committee are the Red Cross Division Directors of Nursing Service, and Mrs. Kline of Brooklyn, N. Y. This joint committee is negotiating with railroad and general transportation agents regarding rates and routes to the Coast, and will be in a position to give detailed information regarding all facts concerning transportation, with or without extended stops at points of interest, in the February issues of all nursing journals. The Committee suggests that nurses planning to go to Seattle will communicate with the representative of the Transportation Committee nearest them, as early as possible and delay making personal plans until this information has been released. The members of the Committee are as follows: Mary K. Nelson, 73 Newbury St., Boston, Mass.; Florence M. Johnson, 44 East 23rd St., New York, N. Y.; Jane Van de Vrede, 249 Ivy St., Atlanta, Ga.; Malinda I. Havey, Plymouth Bldg., Cleveland, Ohio; Minnie H. Ahrens, 308 N. Michigan Ave., Chicago, Ill.; Olive A. Chapman, 901 Equitable Bldg., St. Louis, Mo.; Grace Harrington, 315 University St., Seattle, Wash.; Lillian L. White, Civic Center, Hyde and McAllister Sts., San Francisco, Calif.; Mrs. Julia A. Kline, 546 Rugby Rd., Brooklyn, N. Y.; Frances Brink, National Organization for Public Health Nursing, 370 7th Ave., New York, N. Y.; R. Inde Albaugh, Chairman, 370 7th Ave., New York, N. Y.

NURSES' RELIEF FUND, REPORT FOR NOVEMBER, 1921

A LETTER recently received by the treasurer shows what manner of nurse is being helped by the Fund. "Enclosed find \$1 for the Relief Fund; I only wish it could be more. I do not know if you remember me, Miss ——— whom the Relief Fund helped a year ago. I am not able to work, but by doing a little knitting and sewing I am sure I can find one dollar a year and more if I can, but I am sure I will send one dollar as long as I am able to do a little work."

Receipts

Previously acknowledged	\$10,430.89
Interest on bonds	65.00
Interest on Liberty Bonds	60.00
Alabama: One individual, Mobile	1.00
Arkansas: District 5	27.00
Georgia: State Association	25.00
Illinois: State Association, \$200; First Dist., \$100; Second Dist., \$20; two individuals, \$2	322.00
Iowa: Dist. 1, \$71; Dist. 2, \$50; Dist. 3, \$1; Dist. 6, \$15; Dist. 7, \$43; Dist.	

Nursing News and Announcements

301

8, \$3; Dist. 10, \$17; Mercy Hospital Al., Cedar Rapids, \$20; St. Luke's Hospital Al., Cedar Rapids, \$15; Mercy Hospital, Davenport, \$29; St. Luke's Alumnae, Davenport, \$25; unknown, \$4-----	293.00
Massachusetts: State Association, \$14; two individuals, \$2-----	16.00
Michigan: Dist. 1, \$10; Dist. 3, \$12; Dist. 5, \$23; Farrand Training School Alumnae, \$185.75; Woman's Hospital Alumnae, Detroit, \$41; one individual, \$17-----	288.75
Minnesota: State Association, \$158.50; Deaconess Hospital Alumnae, Minneapolis, \$16-----	174.50
Mississippi: State Association, \$40.05-----	40.05
Missouri: State Association, \$5; Children's Hospital Alum., Kansas City, \$11; one individual, \$2-----	18.00
Nebraska: Dist. 1, \$60; Dist. 2, \$176.25; Dist. 3, \$164.09-----	400.34
New Jersey: Dist. 1, \$2; Dist. 2, \$6; Dist. 5, \$34; Dist. 6, \$6-----	48.00
New York: Collected at State meeting, \$289.50; Dist. 1, \$153; Dist. 5, \$8; Dist. 9, \$5; Dist. 13, \$17; Brooklyn Hospital Alumnae, \$123.50; Hahnemann Hospital Al., Rochester, \$20; two individuals, \$6-----	622.00
Oklahoma: State Association-----	53.50
Pennsylvania: Dist. 2, \$32; Hahnemann Hosp. Alumnae, Philadelphia, \$100; three individuals, \$12.50-----	144.50
South Carolina: State Association-----	16.00
Tennessee: Memphis Dist., \$202.50; one individual, \$1-----	203.50
Texas: Dist. 1-----	10.00
Vermont: State Association-----	20.00
Washington: Walla Walla Association-----	129.00
Wisconsin: Dist. 3, \$25-----	25.00
Total receipts-----	\$13,452.03

Disbursements

Paid to 22 applicants-----	\$ 330.00
Exchange on checks-----	.92
8 Liberty Bonds-----	7,744.33
Postage-----	10.00
Stationery-----	35.00
	8,120.25
	\$5,331.78
Money orders returned, not presented within 30 days-----	24.00
	\$ 5,307.78
Invested funds, par value-----	49,050.00
Total, December 1, 1921-----	\$54,357.78

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 14 East 50th Street, New York, and the checks made payable to the Farmers Loan and Trust Company, New York City. For information, address E. E. Golding, Chairman, 317 West 45th Street, New York City.

M. LOUISE TWISS, Treasurer.

NATIONAL LEAGUE OF NURSING EDUCATION

The Education Committee of the National League of Nursing Education has been at work for some time on a set of lantern slides which can be used by nursing schools in their teaching and which are proving valuable also for public lectures and other publicity work. The plan is to divide these into sets which may be purchased separately or all together, or which may be rented from the Publication Bureau at National Nursing Headquarters, 370 Seventh Avenue, New York.

The Florence Nightingale set of over 60 slides has been available for some time. The next set deals with the care of the sick from primitive times up to the middle of the 19th century. It contains over 100 slides and will be added to from time to time. A full descriptive outline accompanies these two sets.

The next group will deal with the care of the sick in America from the early days to the present. The Committee is anxious to secure a good selection of pictures illustrating nursing, medical and hospital development in this country.

Following this will be two sets,—one showing the many branches of work in which nurses are now engaged, and the other showing the care of the sick in all the countries of the world today.

The work of collecting these pictures and getting the slides ready for use is slow and difficult. It would be the greatest help to the Committee and would contribute greatly to the success of the collection, if nurses all over the country would keep their eyes open for rare and interesting photographs and old prints and would send them or notify the chairman of the Committee where they might be obtained.

Our friends in foreign countries could help us also by sending us specially interesting illustrations of events, places or people connected with nursing. Any of this material can be returned if the owner will send her address with that request. Mary M. Roberts, Co-Editor of *THE AMERICAN JOURNAL OF NURSING*, 19 West Main Street, Rochester, N. Y., is the chairman of this sub-committee dealing with lantern slides.

THE 1922 CALENDAR, "Early Leaders in American Nursing," can be purchased after Christmas. While very extensive publicity has been given to this calendar, the Committee feels that many training schools and nursing organizations, as well as individual nurses have not realized its value and have delayed placing their orders.

The Committee deeply appreciates the praise and satisfaction that is being expressed regarding this publication, and the opinion prevails that every training school library, every nursing organization, and in fact every graduate nurse, should possess this interesting and valuable historical collection. Address all orders to: Publications Committee, National League of Nursing Education, 370 7th Avenue, New York City.

ARMY NURSE CORPS

During the month of November, 1921, the following named members of the Army Nurse Corps were transferred to the stations indicated:—to Station Hospital, Aberdeen Proving Ground, Md., 1st Lieut. Katherine C. Hannan, Chief Nurse; to Station Hospital, Carlstrom Field, Fla., 2nd Lieut. Mabel Berry; to Station Hospital, Camp Eustis, Va., 1st Lieut. Catherine L. Leary, Chief Nurse, and Katherine L. Jones, 2nd Lieutenant; to the Hawaiian Department, 2nd Lieut. Synneve Y. Eikum; to Station Hospital, Fort McPherson, Ga., 1st Lieut. Elida E. Raffensperger, Chief Nurse; to Station Hospital, Camp Meade, Md., 2nd Lieu-

tenants Christy Ann Dalrymple, Harriett N. Willett, and Elizabeth M. Stallman; to the Philippine Department, 1st Lieut. Alice D. Agnew, Chief Nurse; to Station Hospital, Fort Totten, N. Y., 1st Lieut. Grace E. Hill, Chief Nurse; to Walter Reed General Hospital, Takoma Park, D. C., 2nd Lieutenants Ila Broadus and Maud A. Quinn.

The following 2nd Lieutenants have been admitted to the Army Nurse Corps and assigned to duty as follows: To Walter Reed General Hospital, Takoma Park, D. C., Nurses Mary I. Groves, Pauline A. Furminger, Lucy Lewandowska, Anna Hammond, Teresa M. V. Broughton, Blanche Kingsley, Edith W. Johnson, and Reserve Nurses Nellie K. Funderburg, Elizabeth E. McCurdy, Anna V. Hannigan, Frances M. Sternberg, Inez Pyle, Annie S. Hammers, Ruth H. McAfee, and Goldie E. Zarwell; to Fitzsimmons General Hospital, Denver, Colo., Maude H. Littleton, Ima L. Juni, Vera A. Lawton, and Reserve Nurses Sarah P. Robinson, Maude J. Scott, Winnifred S. Argall, Leah W. Holman, Signe E. Holme, Emma Larsen, Lydia E. Nelson, Bessie L. Hadley, Tess Flynn, Marie Mechaley, and Ethel Allen; to Station Hospital, Fort Sam Houston, Tex., Nurses M. Margaret Donohoe, Ruth E. Hall, and Reserve Nurses Edith R. Brown, Edna L. Cunningham, Frances P. Mayfield, Marguerite M. Fischer, Gladys Gebert, Louise Mathisen, and Lily Miller; to Army and Navy General Hospital, Hot Springs, Ark., 2nd Lieut. Wilnora Phillips, Reserve Nurse; to Station Hospital, Camp Lewis, Wash., 2nd Lieut. Isa D. Wishard, Reserve Nurse; to Station Hospital, Camp Meade, Md., Elizabeth M. Stallman, Reserve Nurse; to Station Hospital, Fort McPherson, Ga., Eva D. Hicks, Nurse.

Orders have been issued for the separation from the service of the following members of the Corps: 1st Lieut. Mary C. Jorgensen, Chief Nurse, and 2nd Lieutenants Louise M. Fuchs, Rose E. Fitzgerald, Grace Noyes, Goldie A. Leach, Katherine Casey, Mabel C. Proctor, Sarah E. Currier, Kathryn Spahni, Lottie Glazener, Martha G. Glazener, Frances E. Dolan, Agnes T. Light, Esther E. McKinney, Blanche Chilcote, Leah Holman, Katherine H. Harrington, Reta M. O'Brien, Mary H. Hennigh, Josephine Harris, and Hazel Holmes.

The orders authorizing the discharge of 2nd Lieut. Susan E. Littlepage, Nurse, Army Nurse Corps, have been revoked.

1st Lieut. Elizabeth Melby, Chief Nurse, Army Nurse Corps, is the first member of the Army Nurse Corps to be included in the privileges of postgraduate study for officers of the Army. She is at Teachers College in the Department of Nursing and Health.

In several parts of the country, nurses have been engaged locally for duty at general hospitals of the Army and have been assigned to duty as Reserves in the Army Nurse Corps. Twenty such nurses entered the Corps at Denver, Colo., fifteen at San Antonio, Texas, and several at San Francisco, Calif., El Paso, Texas, and Washington, D. C.

Fifty graduates of the Army School of Nursing have been appointed in the Army Nurse Corps. Two of these nurses will undertake public health nursing in Army camps, one in Honolulu, Hawaii, and the other at Camp Meade, Maryland.

ARMY SCHOOL OF NURSING

Interesting statistics are being compiled about the kind of work in which the graduates of this school are engaging. The figures are, as yet, incomplete because many of the young women who recently finished their course are at their homes on vacation. The following figures will give a general idea of the kind of positions accepted by the graduates of the school: Public Health, with American

Red Cross, 8; Foreign Service, American Red Cross, 2; Henry Street Settlement, New York City, 12; Chicago Visiting Nurse Association, 5; Davenport, Ia., Visiting Nurse Association, 2; Brooklyn Visiting Nurse Association, 1; Minneapolis Visiting Nurse Association, 1; State Boards of Health, 6; Children's Aid Societies, 2; Milk Stations, 1; Psychiatric Nursing (Institutional), 2; School Nursing, 4; Instructors in Training Schools, 4; Head Nurses in Hospitals, 5; Private Duty, 8; Federal Board for Vocational Education, 1; U. S. Public Health Service, 4; Hospital Social Service, 1. Total, 69.

JULIA C. STIMSON,

Major, Supt., Army Nurse Corps; Dean, Army School of Nursing.

NAVY NURSE CORPS

The following nurses have been appointed and assigned at the Naval Hospitals at the Stations indicated: Chelsea, Mass., Harriet A. Harris (reappointed), Isabella C. Manning, Grace D. Baird, Bertha S. Dootson, Olga D. Johnson (reappointed), Edith A. McCabe, Clara C. Gay; League Island, Pa., Florence G. Flynn; Washington, D. C., Elsie Hartwell Smith (reappointed), Mrs. Florence E. Harris, Elizabeth H. Whitehead; New York, N. Y., Mildred R. Myers; Charleston, S. C., Sallie L. Hardister, Annabel Griffith, Gertrude L. Griffith, Mildred E. Hoover; Parris Island, S. C., Grace B. Vestal, Nelle S. Snow; Great Lakes, Ill., Nelle M. Alexander, Martha A. Harmon; Mare Island, Calif., Bertha C. Henrich, Grace E. MacMillan.

The following nurse, U. S. N. R. F., has been recalled from Inactive Status to active duty: San Diego, Calif., Laura A. Roburds.

The following nurses have been transferred: To League Island, Pa., Mary E. Bartlett and Elizabeth G. Mullen, from Portsmouth, Va. To New York, N. Y., Ruth M. Anderson and Katherine C. Glancy, from Mare Island, Calif.; Caroline W. Spofford, from Tutuila, Samoa. To Annapolis, Md., Anna M. Fallamal, from New York, N. Y. To Portsmouth, Va., Lillie M. Truitt, from Quantico, Va. To Pensacola, Fla., Edna M. Sartin and Lena A. Richardson, from Mare Island, Calif. Great Lakes, Ill., Eva C. Todd, from Mare Island, Calif. To Mare Island, Calif., Mary Brooks (Chief Nurse), and Elizabeth H. Beall (temporary duty), from U. S. S. *Mercy*; Estelle Harding, Elizabeth J. Keavey and Catherine A. McNelis, from Canacao, P. I. To St. Thomas, V. I., Agnes B. Cameron, from Annapolis, Md. To Guam, Rosa L. Lane and Ada E. Welty, from Charleston, S. C. To Tutuila, Samoa, Ethel M. De Garmo, from San Diego, Calif. To U. S. S. *Henderson* (temporary duty), Ruth M. Anderson and Katherine C. Glancy, from Mare Island, Calif. To U. S. S. *Argonne* (temporary duty), Agnes B. Cameron, from Annapolis, Md.; Mary E. Bartlett and Elizabeth G. Mullen, from Portsmouth, Va. To U. S. S. *Chaumont* (temporary duty), Rosa L. Lane and Ada E. Welty, from Charleston, S. C.

Honorable Discharges.—Ruth F. Siddons, Marie L. Anton, Anne M. V. Hoctor (Chief Nurse), Mary V. Lynch, Helen M. Worster, Therese D. Burns.

Resignations.—Laura V. Kennedy, Mary Mahoney, Mattie E. Coleman, Maude F. Essig, Elizabeth Lewis, Eleanor D. Kowaleska, Helen C. Phelan, Ada M. Kershner.

Placed in Inactive Status.—Gertrude B. Wagner.

The following nurse in Inactive Status has been released from the service: Alcinda V. Johnson.

LENAH S. HIGBEE,

Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

Assignments and Transfers for the month ending November 30, 1921—
 Sara Lee, Chief Nurse, Knoxville, Iowa, transferred as Acting Chief Nurse to Chicago, Ill. (No. 30); Kathryn Fahy, Head Nurse, Prescott, promoted to Assistant Chief Nurse; Marion Utes, Head Nurse, New Orleans, La. (No. 14), promoted to Acting Chief Nurse; Sue Wilson, Chief Nurse, from Helena, Mont., to St. Paul, Minn.; Frances Hawthorne, Assistant Chief Nurse, Ellis Island, to Fox Hills; Flora Schumacher, Acting Chief Nurse, Memphis, Tenn., to St. Louis, Mo. (No. 35), as Assistant Chief Nurse; Elizabeth Hunt, Chief Nurse, Gulfport, Miss., to Atlanta, Ga.; Bessie Warwick, Chief Nurse, Atlanta, Ga., to Gulfport, Miss.; Mabel K. Adams, Assistant Superintendent of Nurses, to No. 76 to take charge of the nursing service; Josephine Gaffney, Acting Chief Nurse, Portland, transferred to Port Townsend as Chief Nurse; Frances H. Ryan, Acting Chief Nurse, Alexandria, La., promoted to Chief Nurse; Meta C. Brooks, Assistant Superintendent of Nurses, transferred to Oteen, N. C., to take charge of the nursing service as Chief Nurse; Mary R. Swann, Assistant Superintendent of Nurses, to Fort Logan H. Root to take charge of the nursing service as Chief Nurse; Carrie Kolarik, Head Nurse at Camp Kearney, Calif., to Fort Stanton, N. M., as Acting Chief Nurse; Ethel Houston, Head Nurse, Fox Hills, promoted to Assistant Chief Nurse; Ida M. Hall, Assistant Chief Nurse, Oteen, N. C., to Algiers, La., as Chief Nurse; Grace Kissling, Head Nurse, Fox Hills, to Memphis, Tenn., as Acting Chief Nurse; Edna Roberts, Surgical Supervisor, San Francisco, Calif., to Camp Kearney as Assistant Chief Nurse.

LUCY MINNIGERODE,

Superintendent of Nurses, U. S. P. H. S.

THE UNITED STATES CIVIL SERVICE COMMISSION announces an examination for applicants for student nurse, receipt of applications to close January 17. There are a number of vacancies in the ranks of student nurses at the Public Health Service Hospital, No. 56, Ft. McHenry, Baltimore, Md. The salary is \$30 a month, with maintenance, the first two years of training and \$50 the third year. Graduation from a four years' high school course is required. Applicants should apply for form 1312, stating the title of the examination desired, to the Secretary of the Fourth Civil Service District, Old Land Office Building, Washington, D. C.

DIETITIANS NEEDED IN U. S. PUBLIC HEALTH SERVICE.—The United States Civil Service Commission states that there is need for a number of dietitians in the Public Health Service at hospitals throughout the United States and until further notice it will receive applications for such positions. The basic entrance salary offered is \$960 a year with possible promotion to the basic pay of \$1,344 a year. To all salaries there is added the increase of \$20 a month granted by Congress. In addition, quarters and subsistence are furnished free by the Government. Applicants are not required to undergo a written examination, but are rated upon the subjects of general education, weighted at 30 per cent., and technical training and experience, weighted at 70 per cent. Full information and application blanks may be obtained by communicating with the United States Civil Service Commission, Washington, D. C., or with the secretary of the local board of civil service examiners at the post office or customs house in any city.

NATIONAL HEALTH EXPOSITION

A NATIONAL HEALTH EXPOSITION will be held in the Jefferson County Armory, Louisville, Ky., on February 1-9, 1922. This is to be held under the auspices of

the United States Public Health Service and of the State, County and City Boards of Health. Many health meetings and conferences are to be held in connection with the exposition. An institute will be conducted by the U. S. Public Health Service with speakers of national reputation.

Colorado: THE COLORADO STATE GRADUATE NURSES' ASSOCIATION held its autumn meeting at Fort Collins, October 6 with a Public Health Section October 7. The program was most interesting and instructive. The papers read were on the subject of Tuberculosis from the medical, the hospital and the private duty nurses' standpoint. The Public Health Section also had a real boosters' program, touching on the health crusade in public schools, mental tests and their values, and also a talk on Dissatisfaction As An Asset. With all this food for thought, the members had also a splendid banquet at the hotel and the people of the city with motors took them on a real joy ride about the college, the beet factories, and the farming country. Altogether it was a rousing good and profitable meeting. Nurses were asked to help the Nurses' Relief Fund by sending one dollar, at least, to the chairman of that committee in this state. The next election of officers for the Colorado State Association will be at the February meeting.

Connecticut: THE CONNECTICUT STATE NURSES' ASSOCIATION, the League of Nursing Education and the Organization for Public Health Nursing will hold a joint meeting in Bridgeport, at the Hotel Stratford, January 24-26. An interesting meeting is being planned. **Hartford.**—ST. FRANCIS HOSPITAL ALUMNAE held its fall meeting October 29 with 180 members present. Mother Valencia gave an address. The lawn fete brought \$1,800 for the new maternity building which was opened on December 8.

Florida: THE FLORIDA STATE NURSES' ASSOCIATION held a meeting in Miami November 17 and 18. No report has been received.

Georgia: THE GEORGIA STATE NURSES' ASSOCIATION held a meeting in Savannah November 22 and 23. No report has been received.

Illinois: **Moline.**—THE LUTHERAN HOSPITAL ALUMNAE ASSOCIATION at its third annual meeting October 14 elected the following officers: President, Hilda Kronholm; vice-presidents, Malvina Truxell, Martha Olson; secretary, Lilly Forsberg; treasurer, Beda Clauson. The association will continue its support of the Central Council of Nursing Education for the coming year. **Peoria.**—THE SEVENTH DISTRICT, at a meeting held on December 1, decided to sponsor the movement for a central registry in Peoria. Delegates gave reports of the state meeting. Mrs. B. W. Pravitz (Florence Randall, class of 1916, Proctor Hospital) has sailed with her husband for residence in Peking, China, at the American Legation. **Chicago.**—Mao B. Adamson, class of 1911, Mercy Hospital, after taking a public health course in Detroit last winter is doing Red Cross Public Health Nursing in Ward County, North Dakota, with headquarters at Minot. Lillian D. Jocelyn has taken charge of the Nurses' School of the Columbus Hospital. Anna Tighe is Assistant Superintendent of Nurses at the Englewood Hospital. Winifred Fairbanks has joined the staff of the Infant Welfare Nurses. Irene Niland has accepted a position as surgical nurse at Mercy Hospital. Mary Cavanaugh has a position at the Misericordia Maternity Hospital. Mary Peters, class of 1914, Grant Hospital, is doing Infant Welfare work in the Baltic States. THE ILLINOIS TRAINING SCHOOL is offering special post-graduate courses in obstetrics and gynecology. May Connard, class of 1913, Illinois Training School, is Assistant Public Health Demonstration Nurse in Oklahoma. Sadie Robbins, class of 1920, has gone to Madras, India, as a missionary nurse. Katherine H. Amend is working in Poland under the Friends' Relief Mission.

Indiana: THE INDIANA STATE BOARD OF REGISTRATION AND EXAMINATION has taken up the matter of violations of the state law requiring registration of trained nurses. These violations include failure to register with the State Board and the use of the title of "trained nurse" by persons who are not certified graduates of a training school. Many certificates of Trained Attendant have been issued since the passage of the state law requiring their registration. The Board is making every effort to have the law enforced and will greatly appreciate the coöperation of all registered nurses. Grace Pitt and Mabel Lovelace, graduates of the Indiana University Training School for Nurses, Robert W. Long Hospital, have started on a seven months' campaign of health education, which will carry them into every county in Indiana. This work is carried on by Indiana University and was started last January under the guidance of Mrs. Ethel P. Clark, director of the School of Nursing. Miss Pitt and her assistant, through lectures, demonstrations, exhibits, and community conferences coöperate with county and city medical associations, school and church societies, women's clubs, Red Cross Chapters, child welfare associations and various other civic organizations toward the solution of community health problems. They present to high school and college girls the opportunities in the field of nursing, and this year will discuss the plans and purposes of the Riley Memorial Hospital for Children to be built in Indianapolis soon. The visiting nurses carry with them four reels of motion pictures, one reel showing the work given in schools for nurses, one showing the uses and handling of milk, and two entitled "An Equal Chance," which demonstrate the various ways in which children suffering with disease and injury may be brought to normal. **Indianapolis.**—Edna Hamilton, Superintendent of the Public Health Nursing Association, announces the following changes on her staff: Elma Bergy, Illinois Training School, Chicago, has been appointed Assistant Superintendent; Hermina Wagner, Indianapolis City Hospital, Senior Supervisor, and Matilda Leblin and Alice Elliott, of the Robert W. Long Training School, Assistant Supervisors; Grace Ewing, Robert W. Long Hospital, resigned to take charge of the Public Health work in Rush County. **ST. VINCENT'S HOSPITAL ALUMNAE ASSOCIATION** held its annual meeting at the hospital December 6. The following officers were elected: President, Katherine McManus; secretary, Eugena Kennedy; treasurer, Helen Klose. Sister Rose, Superintendent of Nurses, was elected honorary member, and a year's membership was given Miss Quitt and Miss Kelly, both have been ill for several months. **THE INDIANAPOLIS CITY HOSPITAL ALUMNAE** met with Mrs. Carter and heard an address on Parliamentary Law by Mrs. Charles H. Augustine. The January meeting will be a Twelfth Night party at 12 Bungalow Park. **South Bend.**—**THE SECOND DISTRICT** held its annual meeting on November 5 at Epworth Hospital. Dr. Bartlett of Healthwin Hospital spoke interestingly on Tuberculosis. Officers elected are: President, Aline Bailey; vice-presidents, Esther Hausman, Sara Horst; secretary, Lulu Cline; treasurer, Nina Douglass. **Terre Haute.**—**THE UNION HOSPITAL ALUMNAE ASSOCIATION** held a meeting on November 10, with a luncheon at Root's Tea Room, twenty-four members being present. Several public health nurses were guests and gave interesting talks. **Vincennes.**—**THE THIRD DISTRICT ASSOCIATION** held its annual meeting at the Good Samaritan Hospital November 11. Margaret Flynn, a writer on historical subjects, gave a sketch of Old Vincennes. The members then participated in the Armistice Day program. Officers elected are: President, Mrs. Delia I. Smith, Evansville; vice-presidents, Edith G. Willis, Vincennes, and Ethel Chisholm, Terre Haute; secretary, Cora M. Johnson, Good Samaritan Hospital, Vincennes; treasurer, Emma

Schimmelman. Evansville.—THE GOOD SAMARITAN HOSPITAL has recently completed a fifty-bed addition and a new nurses' home, modern to the smallest detail.

Massachusetts: Boston.—THE PETER BENT BRIGHAM HOSPITAL held graduation exercises for a class of thirty-one on November 30 in the amphitheatre of the hospital. The music was furnished by the nurses' chorus; the address was by Mary M. Roberts of *The American Journal of Nursing*. The Dr. John P. Reynolds gold medal was presented to Hannah S. Benton. Fall River.—Members of the Fall River District Nursing Association held a sale on November 21, raising \$325 for the Child Welfare Fund. THE NURSES' ALUMNAE ASSOCIATION OF THE UNION HOSPITAL at the annual meeting, December 7, elected officers: President, Mrs. F. B. Albert; vice-president, Mrs. C. Edward Shea; recording secretary, Helen D. Carson; assistant, Eva Ross; corresponding secretary, Anna E. Duffy; assistant, Mrs. Frank Conway; treasurer, Rosella A. Wells; auditor, Katherine Doherty; directors, Mrs. James E. Hampston, Mrs. Clifton French, Mary E. Mason. A sale held on November 8 brought \$365.81 for the Permanent Delegates' Fund. New Bedford.—ST. LUKE'S ALUMNAE at their November meeting heard a most interesting lecture by Rev. William B. Geoghegan, field director of public health work in New Bedford, to which faculty and students were invited. On December 10 the Association gave an informal dinner at the New Bedford Hotel, at which Georgia M. Nevins, Superintendent of the Hospital, and Irma L. Farris, President of the Association, were guests.

Minnesota: THE MINNESOTA STATE BOARD OF HEALTH called a meeting of all health workers of the state during the first week in November. At one of the meetings, Elizabeth G. Fox of Washington spoke on "How the Red Cross Program Fits into the State Public Health Program." At one of the Round Tables later she discussed the part of the volunteer worker in public health. Her message to nurses as a group was given at a mass meeting gotten up within twenty-four hours, to which came over 300 nurses representing students, private duty nurses, and those engaged in public health, at which she told of the development and maintenance of the National Organization for Public Health Nursing.

Minneapolis.—Louise M. Powell, who has held for a long time the position of Superintendent of Nurses at the School of Nursing, University of Minnesota, is taking a leave of absence of a year. Part of the time will be spent in study at Smith College. Elizabeth Pierce, who has been Miss Powell's assistant for six years, has resigned. She will complete the course at Teachers College which she left in 1915 on coming to Minnesota. The student nurses gave a reception for Miss Powell and Miss Pierce on November 12. Nopeming.—THE NOPEMING SANATORIUM has arranged a course for senior nurses of affiliated schools, covering three months' practical and theoretical work in tuberculosis nursing. Full credit for time spent in this course is allowed by the Minnesota and North Dakota Examining Boards.

Missouri: THE MISSOURI STATE BOARD OF NURSE EXAMINERS will hold an examination in Kansas City and St. Louis on January 19 and 20, 1922. Write H. L. P. Friend, Secretary, for particulars, 620 Chemical Building, St. Louis. The Board met on October 10. Licenses were granted to 324 nurses and to 62 attendants. The Board is about to issue forms for accrediting of schools for attendants. A course of elementary nursing and cookery has been outlined with a minimum of six months' practice in an accredited school for attendants. The entrance requirements are: age to be over eighteen and a preliminary education of full grammar school or its equivalent. THE MISSOURI STATE NURSES' ASSOCIATION appointed Mary A. Coleman delegate to the annual meeting of the

general board of the American National Red Cross. A Public Health Institute, under the auspices of the United Public Health Service, Missouri State Board of Health and the St. Louis Health Department, was held at the Statler Hotel December 5-7. Alma Wretling has resigned as Advisory Nurse for the Red Cross in Missouri and accepted a position as State Supervisor of Nurses for the Missouri State Board of Health. As yet a supervisor for the Red Cross has not been appointed. **St. Louis.**—THE ST. LOUIS LEAGUE OF NURSING EDUCATION held its November meeting at Washington University Training School with the head nurses of the city as its guests. Fifty-eight members and guests were present. Miss Fricke of the Lutheran Hospital read a paper on the Activities of the Head Nurse on Duty, and Miss Bond of the City Hospital read one on the Qualifications of the Head Nurse. The consensus of opinion brought out by the discussion was that the head nurses are the real life blood of the training school. It is only through the head nurses that the day by day morale and standard of work may be taught to the pupil nurses. THE ALUMNAE ASSOCIATION OF ST. LUKE'S TRAINING SCHOOL held a bazaar November 19. It was well attended and the Association can add nearly \$1,300 to the Training School Endowment Fund as a result. THE EVANGELICAL DEACONESS HOME AND HOSPITAL reports that the laboratory has been renovated and the latest and best equipment has been installed. A sister who has had a special course in laboratory work is in charge of this department. All the laboratory and pharmaceutical work for the hospital is done in the laboratory. CITY HOSPITAL No. 2 TRAINING SCHOOL FOR NURSES (colored nurses) has just celebrated its second anniversary November 25. The Washington University Visiting Staff had charge of the work during the first two years. The St. Louis University took charge November 1 and will remain in charge of the work for the ensuing two years. THE ST. LOUIS MULLANPHY HOSPITAL is preparing to open a fully equipped obstetrical department which will be a great advantage to its student nurses, who have in the past been going elsewhere for this training. On Thanksgiving eve the Junior Class entertained the resident graduates, Senior and Intermediate Class. ST. JOHN'S HOSPITAL ALUMNAE gave a dance on November 19. The annual meeting was held on December 9, and the following officers elected: President, Rosalie Kemper; vice-president, Margaret Forest; secretary, Isabelle Gradl; treasurer, Helen McDonough; financial secretary, Maroyda Collins. THE SEVENTH DISTRICT OF THE STATE ASSOCIATION met in Mexico, Mo., November 5. After dinner at the Hoxie Hotel the nurses proceeded to the Audrian Hospital, where a well-attended and interesting meeting was held. Mance Taylor, who is the newly-elected president of the State Association, and also president of the Seventh District, presided. Four new members were admitted. The next meeting will be held at Centralia in January.

Montana: Bozeman.—THE SEVENTH ANNUAL VOCATIONAL CONFERENCE held at the Montana State College was a great success with an attendance of over 200 high school delegates, although the thermometer was at 16 below zero. The subject of Nursing was presented under the heading, A World Wide Opportunity, by Mary M. Muckley, state supervisor of public health nurses.

Nebraska: Omaha.—Jennie Sunderland has been appointed registrar of the Central Club and Registry to succeed Miss Westerberg, resigned.

Nevada: THE NEVADA STATE NURSES' ASSOCIATION held its annual meeting at Reno December 6. Officers elected for the ensuing year are: President, Mrs. Pearl Prescott; vice-president, Mrs. J. P. Donnelley; secretary, Mrs. Fanny Doty, 41 West First Street; treasurer, Mrs. Selma DaCosta, all of Reno.

New Jersey: THE NEW JERSEY STATE LEAGUE OF NURSING EDUCATION held its quarterly meeting in the Nurses' Residence of the Newark City Hospital on November 25. Elizabeth C. Greener, Mount Sinai Hospital, New York, ably presented a paper on "Good and Bad Nursing Publicity of the Present Day" and the "Function of the Eastern Council of Nursing Education in Bringing About Sound Nursing Publicity." Elizabeth C. Burgess, Inspector of Nurse Training Schools in the State of New York, gave a most constructive paper on "Inspection of Schools of Nursing As It Is Related to Nursing Education," and as carried on in the State of New York during the past year. Edith Blauvelt, Social Service Worker in Muhlenberg Hospital, Plainfield, presented a paper on "What Social Service Work Can Do for the Student Nurse in An Educational Way."

New Mexico: THE NEW MEXICO STATE NURSES' ASSOCIATION has been formed at a meeting held November 22 at Albuquerque with forty charter members. Officers elected are: President, Teresa McMenomin; vice-presidents, Blanche A. Montgomery, Catherine Taylor; secretary, Bertha C. Rowe; treasurer, Sister Francis de Chautel. The public health nurses have also organized and will be a part of the state association. A meeting of the two bodies will be held in April at St. Joseph's Hospital, Albuquerque.

New York: THE BOARD OF NURSE EXAMINERS OF NEW YORK will hold licensing examinations from January 23 to 25 in New York, Albany, Syracuse and Buffalo, and in Utica if sufficient number make application. Application for examination should be made to Mr. Hamilton, Examinations Division, State Department of Education, Albany, N. Y., and in order to be considered must reach Mr. Hamilton not later than January 12. **Buffalo.**—DISTRICT 1 conducted a booth for recruiting student nurses at the Clinic held at the City Hospital the week of October 17 as part of the centennial celebration of the Erie County Medical Society. The students from various hospitals attended the booth in the afternoons, and members of the District in the evenings. Announcements from the Buffalo training schools were in the booth, and many original posters, painted by students, were exhibited. There were also dolls representing the uniforms of nurses during the various stages of their career, dressed by student nurses. The regular meeting of District No. 1 was held November 16 at the Central Branch, Y. M. C. A. Interesting reports of the Utica Convention were read. A general discussion of a Central Nurses' Registry for Buffalo took place. **THE WESTERN NEW YORK LEAGUE OF NURSING EDUCATION** held a regular meeting at the Nurses' Home of the General Hospital November 9. Reports of the Utica convention were read and a business meeting was held. Several new members were added. **District 4, Syracuse.**—CROUSE-IRVING graduates are reported as follows: Mary Flanagan, class of 1917, is night supervisor at the Knickerbocker Hospital, New York; Xilia Barter is on duty at the Cortland County Hospital, Cortland; Grace Clark is at the City Hospital, Oswego; Gladys Vought is doing public health work at Deposit; Gladys Tipple and Katherine Barrus are private duty nurses in Oneonta. **Auburn.**—THE AUBURN CITY HOSPITAL ALUMNAE met on October 25 in the nurses' home when the president, Helen T. O'Hern, gave an interesting report of the state meeting. **District 7, Utica.**—THE DISTRICT ASSOCIATION held a regular meeting at the Faxon Hospital November 17. Reports of the state meeting were read. The Committee of Arrangements for the State meeting reported a good balance on hand. It was decided to give \$50 of this to the Jane A. Delano Memorial Fund. **District 8, Saranac Lake.**—DISTRICT 8 held a meeting December 6, at which Dr. Hugh Kinghorn gave a talk on Determination of Bodily Temperature. **District 13, New York City.**—THE BELLEVUE

ALUMNAE ASSOCIATION held memorial services at Osborn Hall, November 21, at which a tablet was unveiled to its four gold star nurses: Jane A. Delano, Eva E. Emmons, Grace McBride, Kathleen E. Symmes. Dr. Arthur Wright gave an address and Dr. George B. Wallace a eulogy. THE FRENCH HOSPITAL ALUMNAE held their annual meeting on November 8, electing: President, L. E. Townsend; vice-president, A. M. Donelley; recording secretary, B. M. Clarry; corresponding secretary, F. Dickson; treasurer, C. Carrigan; trustees, D. O'Connell and M. A. Clayton. A bazaar and dance were held on November 30 in aid of the endowed room fund. THE NEW YORK HOSPITAL ALUMNAE ASSOCIATION held a meeting at the Club on November 10 when a report of the state meeting was given by Miss Muirhead. A rummage sale, recently held for the benefit of the Fund for Sick Nurses brought in \$814.41. Nelly McCrae, class of 1901, is directress of nurses at the Italian Hospital.

North Carolina: Wilmington.—Lossie DaR. Cotchett has become a missionary nurse and is stationed at St. John's in the Wilderness, Allakaket, Alaska.

Ohio: Cleveland.—The nurses of the various nursing schools contributed to a very successful bazaar given by St. Barnabas Guild at the Nursing Center November 30. The net proceeds amounted to about fourteen hundred dollars. This amount will be partly used to support a St. Barnabas nurse in Alaska. **District 1, Canton.**—Armistice Day was celebrated by an impressive memorial service at the First Methodist Church for Jane A. Delano and others who gave their lives during the war. Graduate nurses and students marched in, in uniform, filling the centre of the church, those of the Army, the Red Cross, graduates, and finally each school, led by its superintendent. The speaker of the evening was Mary E. Gladwin, who gave personal memories of Miss Delano and other leaders, and who made an appeal for the Delano Memorial. **Zanesville.**—Ella E. Patterson has resigned from Bethesda Hospital to accept a position at Lima. THE BETHESDA ALUMNAE ASSOCIATION at a recent meeting elected Isabelle Walker president and Ruth Hermann secretary. THE GOOD SAMARITAN HOSPITAL has dedicated its new nurses' home to St. Hildegard, patron saint of nurses. **Youngstown.**—ST. ELIZABETH'S HOSPITAL held graduating exercises for a class of twelve at the Hotel Ohio on November 22. The address, Medical and Nursing Education, was given by Raymond E. Whelan; the address to the graduates was given by Bishop Joseph Schrembs. A dance followed the exercises.

Oregon: Portland.—The first mid-year sectional conference of the Oregon Public Health Nurses' Association will take place on January 6 in Portland when all public health nurses in the northwestern part of the state will gather for round table conferences. Plans are under way for the southwestern sectional conference to be held in Roseburg the latter part of January. A class in medical social service is being given by the School of Social Work of the University of Oregon Extension School in the Visiting Nurse Association office every Monday morning, Elnora Thomson, instructress. The entire staff is enrolled along with the other members of the regular public health nursing class. Next semester the class will study mental hygiene. THE GRADUATE NURSES' ASSOCIATION is giving a half hour of study at each monthly meeting to parliamentary practice. Effie Yost has resigned as secretary of the State Association and Margaret A. Tynan has been appointed in her place. Beatrice Hotchkiss, St. Vincent's Hospital, class of 1921, has accepted an appointment as Assistant Dean of Women at the Oregon Normal School, Monmouth. Ethel Gunderson and Effie Yost, class of 1914, St. Vincent's Hospital, have recently established a nursery for scientific care of children, bottle feeding a specialty. They have accommodations for twenty

babies. Mary E. Carrothers, formerly of West Virginia, is taking up county public health nursing work.

Pennsylvania: THE GRADUATE NURSES' ASSOCIATION OF PENNSYLVANIA held a convention in York November 8-11. No report has been received. **Philadelphia.**—THE HELEN FAIRCHILD POST, No. 412, OF THE AMERICAN LEGION met on December 13, it was planned to send Christmas greetings to all disabled ex-service nurses in the district. The Post membership is now 275. The January meeting will be held on the second Tuesday at the Pennsylvania Hospital. Ex-service nurses are cordially invited. **Pittsburgh.**—THE ALLEGHENY GENERAL HOSPITAL ALUMNAE ASSOCIATION held its annual reunion banquet at the Hotel Chatham November 14. The guests were Lottie A. Darling, superintendent of nurses, and the members of the class of 1921. **Lancaster.**—ST. JOSEPH'S HOSPITAL ALUMNAE met on November 15 at the Hotel Brunswick. Reports of the state meeting were given. **Allentown.**—DISTRICT 2 held a meeting on November 26 at the Nurses' College, Allentown Hospital. There were 75 present, each alumnae association being represented. Helen E. Greany of Philadelphia was the guest. She explained most interestingly the growth of alumnae associations, and of district, state, and national.

Utah: Salt Lake City.—SISTERS OF THE HOLY CROSS HOSPITAL gave a banquet on November 8, celebrating the completion of twenty-five years of service by Dr. Emerson F. Root on the staff of the institution. Louise Aubrey, class of 1902, represented the alumnae association and presented its gift, a traveling bag.

Vermont: THE VERMONT STATE NURSES' ASSOCIATION held a meeting in Rutland, November 30. No report has been received.

Wisconsin: THE COMMITTEE ON NURSING EDUCATION, Adda Eldredge, secretary, met in Madison, November 9. THE COMMITTEE ON PUBLIC HEALTH NURSING conducted an examination, December 2, in Milwaukee, for nurses wishing to qualify for public health positions. There were ten applicants. The committee is composed of Dr. C. A. Harper, State Board of Health, Elizabeth Wood, Department of Public Instruction, and Sue Norman, Committee of Nurse Examiners. This was in compliance with a law passed at the last session of the legislature which reads as follows: 1. "All public health nurses, and public health instructors, not working under direct supervision of a resident certified public health nurse, shall within sixty days after July 1, 1921, file with the state health officer their names and addresses, with a statement of the kind of work each is doing and by whom employed. 2. The qualifications of all public health nurses or public health instructors not working under direct supervision of a resident certified public health nurse, who may hereafter enter such employment, shall be determined by a committee of three examiners as provided for by subsection 2 of section 1411n of the statutes. 3. All candidates recommended by the committee of examiners shall be certified by the state board of health to the local board of health, school board, common council, village board, town board or other appointing body upon request, and every public health nurse or public health instructor shall be selected from the certified list furnished. 4. All public health nurses or public health instructors not working under direct supervision of a resident certified public health nurse shall make a written report in triplicate, one copy to go to the employing board, one to the special health committee appointed by the employing board to advise with said worker, and one to the state board of health showing briefly the work done at such times as the state board of health may direct. The state board of health shall examine all reports filed and make such recommendations as will aid in the proper administration of the

work. 5. The state board of health shall prescribe model forms for reports, record cards, blanks and other useful blank forms or appliances, and shall notify the nurses where all of the aforesaid blanks and supplies can be purchased at local expense. 6. This act shall not apply to cities of the first class. **Madison.**—On Armistice Day, women who had served overseas held a get-together luncheon. Sixteen nurses attended. **Milwaukee.**—**ST. JOSEPH'S HOSPITAL ALUMNAE** gave a dance on November 9 at the Astor Hotel. **MABEL DANIELSON**, county nurse in Dane County, has resigned and will go to California.

BIRTHS

(Birth and marriage notices must be dated and must be received within four months of their occurrence to be given space.—Ed.)

To Mrs. Thomas Savage (**Isabel Adams**, class of 1914, French Hospital, New York), a daughter, in September.

To Mrs. N. B. Nornhold (**Mabel Cassel**, class of 1916, Howard Hospital, Philadelphia), a son, John Cassel, November 30.

To Mrs. John O'Connor (**May Foley**, Mercy Hospital, Chicago), a son, Robert, December 12.

To Mrs. George A. Long (**Helen Hartley**, class of 1919, University of Pennsylvania Hospital, Philadelphia), a son, George Arnal, November 7, 1921.

To Mrs. Peter Dalny (**Elizabeth Hastings**, class of 1914, Kings County Hospital, Brooklyn, N. Y.), a daughter, November 24.

To Mrs. Herman Martz (**Sara Howell**, class of 1909, Braddock General Hospital, Braddock, Pa.), a daughter, Charlotte Mary, November 28.

To Mrs. Warren S. Perry (**Jennie Hulse**, class of 1914, Jewish Hospital, St. Louis, Mo.), a daughter, October 8.

To Mrs. Lawrence Munder (**Rosalie Koons**, class of 1911, Samaritan Hospital, Philadelphia), a daughter, October 29.

To Mrs. Lloyd McDonald (**Helen Lewis**, class of 1919, French Hospital, New York), a daughter, in October.

To Mrs. Charles Dryer (**Romilda Martin**, class of 1919, Christ Hospital, Cincinnati, O.), a daughter, Shirley Martin, November 8.

To Mrs. Walter Johnson (**Alice Morehouse**, class of 1918, Methodist Episcopal Hospital, Brooklyn, N. Y.), a daughter, November 27.

To Mrs. George Riddett (**Cathlyn O'Hanlon**, class of 1910, French Hospital, New York), a son, September 20.

To Mrs. Sheldon Searle (**Margaret Scott**, class of 1919, French Hospital, New York), a daughter, in October.

To Mrs. Earl M. Meyers (**Katharine Shick**, class of 1911, Montefiore Hospital, Pittsburgh, Pa.), a son, Robert Anthony, November 12.

To Mrs. W. J. Wade (class of 1919, St. Francis Hospital, Hartford, Conn.), twins, a boy and a girl, November 15.

To Mrs. Clarence Crawford (**Florence Williams**, class of 1910, University of Pennsylvania Hospital, Philadelphia, Pa.), a daughter, Elenor Anna, November 25.

To Mrs. D. P. Tirins (**Bertha O. Winziel**, class of 1918, St. Louis Mullanphy Hospital, St. Louis), a son, David Paul, Jr., November 5.

MARRIAGES

Katharine H. Banzhof Becker, to **John H. Musser**, November 6. At home, New Holland, Pa.

Vera Beech (class of 1920, Auburn City Hospital, Auburn, N. Y.), to Thomas McLaughlin, November 11.

Elsie Biesterfeldt (class of 1919, Grant Hospital, Chicago), to Carl E. Fontlage, November 16. At home, Chicago.

Elsie Bouman (class of 1920, Lutheran Hospital, Moline, Ill.), to Elbert H. Valentine, November 24. At home, Jamaica, Long Island, N. Y.

Miriam Viola Brothers (class of 1917, University of Pennsylvania Hospital, Philadelphia), to Stuart Banyar Blakely, M.D., November 12. At home, Binghamton, N. Y.

Winifred Burns (class of 1921, St. Luke's Hospital, St. Paul, Minn.), to John Christison, September 26. At home, St. Paul.

Florence Brandt (class of 1918, St. Louis Baptist Hospital, St. Louis), to Eugene Doyle, November 7. At home, San Francisco.

Annette Brophy (class of 1913, Mercy Hospital, Chicago), to Walter Silberman, November 20. At home, Chicago.

Mary Lenore Cassie (graduate Buffalo General Hospital, Buffalo, N. Y.), to Fred S. Tange, October 8. At home, Galt, Ontario, Canada.

Elizabeth Euert (class of 1917, Grant Hospital, Chicago), to Joseph A. Wallman, November 17. At home, Freeman, S. D.

Signa Marie Foss (class of 1921, St. Luke's Hospital, St. Paul, Minn.), to Samuel Weiser, November 23. At home, St. Paul.

Olive Sue Fry (class of 1914, National Homeopathic Hospital, Washington, D. C.), to Donald Brock Holloway, M.D., October 8. At home, Cleveland, O.

Helen Green (class of 1909, Illinois Training School, Chicago), to Frederick G. Gleason. At home, Ft. Thomas, Ariz.

Margaret Griffin (class of 1920, Kings County Hospital, Brooklyn, N. Y.), to Dr. Murphy, in November. At home, Nebraska.

Margaret G. Holt (class of 1917, Western Pennsylvania Hospital, Pittsburgh), to Harold D. Wetzler, November 1. At home, Pasadena, Calif.

Nerine E. Hunter (class of 1921, Rochester Homeopathic Hospital, Rochester, N. Y.), to Elwood A. Shepard, November 19. At home, Rochester, N. Y.

Helen Hyland (class of 1912, Indianapolis City Hospital, Indianapolis), to H. V. Sheppard, October 29. At home, Vincennes, Ind.

Rosemary Jacobi (class of 1918, St. John's Hospital, St. Louis, Mo.), to Paul S. Schmollen, M.D., November 3. At home, St. Louis.

Floy Kellar (class of 1920, St. Luke's Hospital, St. Paul, Minn.), to Norman Barden, M.D., October 6. At home, Minneapolis.

Florence M. Kelley (class of 1918, Mid-Valley Hospital, Peckville, Pa.), to L. M. Desmond, M.D. At home, New York City.

Louise Lane (class of 1920, Kings County Hospital, Brooklyn, N. Y.), to Charles J. Higley, M.D., November 15. At home, Ballston Spa, N. Y.

Genevieve McCabe (class of 1918, Homeopathic Hospital, Buffalo, N. Y.), to Leonard Mack, October 14. At home, Buffalo.

Ann McClain (class of 1916, Western Pennsylvania Hospital, Pittsburgh, Pa.), to Frank Surrazo, September 27. At home, Pittsburgh.

Ruth McJunkin (class of 1917, Western Pennsylvania Hospital, Pittsburgh), to Harry Phillips, October 12. At home, Pittsburgh.

Agnes McNamee (class of 1915, Mercy Hospital, Chicago), to Wilfred C. Corcoran, M.D., November 9. At home, Fargo, N. D.

Kathryn Mahar (class of 1918, French Hospital, New York), to G. E. Meyers, November 21.

Meta Miller (class of 1921, Christ Hospital, Cincinnati, O.), to Donald Patterson, October 5. At home, Cincinnati.

Emma Mills (class of 1921, Crouse-Irving Hospital, Syracuse, N. Y.), to Carroll Dunbar, November 8. At home, Syracuse.

Blanche Moore (class of 1916, Howard Hospital, Philadelphia, Pa.), to Harry Scheurley, November 24.

Caroline Morstead (class of 1921, Lutheran Hospital, Moline, Ill.), to Richard Ergstrom, October 25. At home, Montreal, Wis.

Martha Newell (class of 1919, Western Pennsylvania Hospital, Pittsburgh, Pa.), to George Gardner, September 16. At home, Dubois, Pa.

Ada F. Paige (class of 1909, Samaritan Hospital, Philadelphia), to Emery E. Fisher, October 22. At home, Tremont, Pa.

Helen Raisin (class of 1918, Howard Hospital, Philadelphia, Pa.), to Walter Redmile, November 24.

Ruby C. Reiner (class of 1920, St. Timothy's Memorial Hospital, Roxborough, Philadelphia), to Henry B. Moore, M.D., October 26. At home in North Carolina.

Anne M. Schlosser (class of 1920, Flower Hospital, Toledo, Ohio), to Lloyd Packard, November 5. At home, Toledo.

May Sheahan (class of 1919, St. Louis Mullanphy Hospital, St. Louis, Mo.), to John Ryan, November 16. At home, Monte Vista, Colo.

Harriet Staples (class of 1899, Orange Memorial Hospital, Orange, N. J.), to Windlow Russell, November 1. At home, Kane, Pa.

Mary Ethel Stewart (class of 1911, Rochester Homeopathic Hospital, Rochester, N. Y.), to Charles Parker Washburn, November 9. At home, Neponset, Mass.

Vera Irene Taylor (class 1919, University of Pennsylvania Hospital, Philadelphia) to Walter H. McLoon, October 22, 1921.

Gertrude Emme Thomas (class 1920, Rochester Homeopathic Hospital, Rochester, N. Y.) to Lieutenant Leonard Earl Rea, November 24. At home, Quantico, Virginia.

Mildred Anette Tribken (class 1920, Rochester Homeopathic Hospital, Rochester, N. Y.) to Howard LeRoy Bell, November 23. At home, Rochester, N. Y.

Marguerite C. Trombly (class 1919, Buffalo Hospital Sisters of Charity, Buffalo, N. Y.) to Frederick T. Jeram, November 26, 1921. At home, Albany, N. Y.

Pauline Wallace (class 1916, Rochester Homeopathic Hospital, Rochester, N. Y.) to DeForrest K. Mills, November 26. At home, Seneca Falls, N. Y.

Daisy M. Welch (class 1919, University of Pennsylvania Hospital, Philadelphia) to Benjamin Carl Okert, November 24, 1921.

Kathryn Rink Wilfong (class 1919, Frankford Hospital Training School, Philadelphia) to Frank Reese, November 1, 1921.

DEATHS

Mary A. Baxter (class 1910, St. Timothy's Memorial Hospital, Roxborough, Philadelphia) on October 26, 1921, after five months of nobly borne suffering caused by inoperable abdominal carcinoma. Miss Baxter will be greatly missed by all who knew her.

Elizabeth Blott (class 1908, New York Hospital) on October 1, at Gasport, N. Y., after a long and painful illness. Miss Blott had served in the Canadian Northwest during the war as a nursing sister of the Army. Recently she had done district nursing in Buffalo. She was a devoted and unselfish friend.

Mrs. O. L. Davis (Ella Bourne, class 1905, Proctor Hospital, Peoria, Ill.) on November 2, following an operation, at St. Vincent's Hospital, Portland, Ore.

Alice Dunham (class 1909, St. Joseph's Hospital, Kansas City, Mo.) on November 27, 1921. Miss Dunham had always served in the great army of private duty nurses and was an unusually beloved and successful nurse. She possessed a noble character, high ideals, a keen sense of humor, and radiated cheer and sunshine both in her professional and social life. Her friends will have recollections of her that will be a pleasure as long as they live. Miss Dunham was taken ill with confluent smallpox while on duty, and death occurred after a brief illness. A host of warm friends mourn her loss. Of her it can be truly said, "It is not all of life to live nor all of death to die."

Sarah Ernest (class 1892, Indianapolis City Hospital) at Elwood, Ind., December 5. Miss Ernest, who had been doing Red Cross Public Health nursing in Elwood for the past six years, suffered an attack of heart trouble while sitting in the balcony of the high school auditorium a few minutes before the opening of a lecture and died at once. The many who knew and loved her think of her as self-forgetful, living for others.

Mary Feranda (class 1915, Frankford Hospital, Philadelphia), August 27, 1921.

Oral M. Frick (class 1910, University of Pennsylvania Hospital, Philadelphia, Pa.) suddenly, at St. Margaret's Hospital, Pittsburgh, November 13, 1921. Miss Frick has been active for many years in institutional work. She was Night Superintendent of the University of Pennsylvania Hospital for about two years, resigning that position to become Assistant Superintendent of the Abington Memorial Hospital, Abington, Pa., and later she was the Superintendent of that institution, a position she held until about a year ago, when she resigned to become Superintendent of St. Margaret's Hospital, Pittsburgh, where she remained until her sudden death. Miss Frick was much loved and will be missed greatly by her classmates and many friends who held her in high esteem.

Irene Hobson (graduate of City Hospital, Newark, N. J.) on November 21, when, on alighting from a local train, she was struck and instantly killed by a passing express. Miss Hobson was employed in the Bloomfield plant of the Edison company, where she was greatly beloved.

Harriet E. Holloway (class 1896, Methodist Episcopal Hospital, Brooklyn, N. Y.) on November 28. Miss Holloway was a private duty nurse from the time of her graduation up to thirteen years ago, when she entered the Public Health Service, Bureau of Child Hygiene, in which she continued to the time of her death.

Gertrude M. Johnson (class 1916, Massachusetts Women's Hospital, Boston, Mass.) on November 12.

Mrs. Josephine Washburn Keefer (graduate of Mercy Hospital, Pittsburgh, Pa.). Mrs. Keefer was an earnest and respected member of Mercy Hospital Alumnae Association. Throughout her life she endeavored by her goodness and earnest piety to relieve the sufferings of others and gave sincere and untiring effort for the benefit of the community. The members of the association express great sorrow at her loss.

Adelaide S. Martin, one of the early graduates of Bellevue, at the King's Daughters' Home, Oakland, Calif., on October 15, at the age of ninety. Miss Martin was for many years matron of St. Paul's House, Rome, Italy,—a home where English and American nurses were on call for the convenience of tourists. After the closing of the home, Miss Martin returned to America and finally settled in Pacific Coast, California, buying land, and erecting four or five small cottages, living in one, renting others, and caring for an occasional patient. She continued

in this way until she was over seventy, keeping her interest in nursing affairs, doing her own work and cultivating a garden. For the past six or seven years, being crippled by rheumatism, she had lived at the Home where she died, bringing help and sunshine to others by her cheerful presence and often reading aloud to those less fortunate. Copies of the JOURNAL, sent her by a friend, were read to the last number before the stroke which came on October 12th.

Rena Meisinger (a graduate of Mercy Hospital, Pittsburgh) November 27.

Margaret Narr (class 1912, University Hospital, Philadelphia, Pa.) at the University Hospital, July 24, 1921. Miss Narr had been a patient sufferer for a long time and was brave to the end. She is much missed by her classmates and her many friends. Miss Narr was anaesthetist for Dr. John G. Clarke for several years.

Mary B. Sollers (class 1896, City Hospital, Indianapolis, at her home in Dayton, O.) on November 24, after an illness of two years. After graduation, Miss Sollers did private duty nursing for a short time, then she was made assistant superintendent at the City Hospital, then superintendent of nurses in a private sanitarium. She was then called to take charge of the Lafayette Home Hospital which had recently been organized but had no training school. Through her sound judgment, foresight, and understanding of human nature, the work progressed wonderfully, and when she left at the end of nine years, a new hospital had been built and thirty-seven nurses had been trained and graduated. Miss Sollers then took up similar work in the Reid Memorial Hospital, Richmond, Ind., for four years. From Richmond she went home for a needed rest, but an urgent call took her to Peru, Ind., for three years. In 1918, she was made superintendent of the school from which she had graduated and she did much to upbuild it. Because of the strenuous work and her interest and anxiety for it, she had a severe illness which compelled her to give up work and return to her home. She made a valiant fight for health in order to be of further service, but at length became resigned to the inevitable outcome of her illness. Miss Sollers was a charter member of the Indiana State Association and was its president for two years. She was a member of her alumnae and district associations and of the state and national leagues. She was a woman of great refinement, honesty of conviction, patience, and justice, with warm affection for her friends,—all lending dignity and power to her professional work. The news of her death brought deep grief to her friends who will miss her counsel, her friendship and her keen interest in their work. The spirit and inspiration of her life are indestructible.

Ida L. Sutcliffe (graduate of the New York Hospital) died at the Long Island Hospital, Brooklyn, December 6.

Mary Van Cleef (class 1919, Crouse-Irving Hospital, Syracuse, N. Y.) October 9, 1921, at Saranac Lake, after a long illness. Burial was at Seneca Falls, N. Y.

BOOK REVIEWS

THE BABY'S FIRST TWO YEARS. By Richard M. Smith and Mrs. Henry Copley Greene. 141 pages. Houghton, Mifflin Company, Boston and New York. Price, \$1.25.

In this book the authors have made available for mothers a knowledge of simple health rules and of procedures relative to the care of a normal infant. Using the authors' own explanatory notes, we learn that "the book is divided into three parts. The first part, chapters I to X, is made up of definite rules for the care and feeding of infants up to two years of age; the second part, chapters XI to XIII, consists of general suggestions which may be modified to suit the individual baby; the third part contains recipes and charts."

The book first of all outlines the proper physical setting desirable for the health and comfort of the child; this is followed by a detailed list of necessary equipment and supplies. A word picture of a normal baby is followed by simple necessary rules for the development of a healthy baby, and for the recognition and treatment of common illnesses.

It is well known that with our modern continuous research studies along lines of health for children, a book cannot be written which will not introduce controversial subjects as to foods and hours of feeding. With our present knowledge of breast feeding one might wish that the value of breast feeding had been stressed more forcibly, but as the authors state "the question must be decided by the physicians according to the circumstances in each instance."

We have learned to think in terms of general health of the normal infant and of child life up to two years of age, but young mothers who appreciate the value of early proper environmental surroundings for babies are keen to have within their reach explicit rules and regulations which will assist them in the home training of their own babies.

This book, based upon scientific principles, which have been tried out in a practical manner, in a broad field and which have been expressed in understandable terms, will prove of inestimable value to the caretaker of the young child.

HARRIET L. LEETE, R.N.,

Field Director, American Child Hygiene Association.

THE VITAMINE MANUAL. By Walter S. Eddy. Williams and Wilkins Company, Baltimore, Md. 121 pages. Price, \$2.50.

The Vitamine Manual, by Walter H. Eddy, of Teachers College, is a valuable summary of known facts regarding the fascinating,

newly-discovered dietary factors called *vitamines*. The book may be considered authoritative, as Professor Eddy has published a great deal of work on the subject himself, and is in close touch with other prominent workers in the field. Investigations have proceeded at such a rapid rate that one who tries to look up the matter in the original reports published in the scientific journals is bewildered by the mass of material and detail. Such a book as this is welcome, since it gives us a survey of the history of *vitamines*, the facts of our present-day knowledge of their chemical structure and properties, with methods of testing for them, and their dietary significance. We must, however, remember, as Professor Eddy says in his preface, that "the whole subject is in too active a state of investigation to permit of more than a record of events and their apparent bearing." Not the least attractive feature of the book is its extensive bibliography. This makes it possible easily to refer to the original literature for more detailed information on particular points. The book should be valuable as a reference to two classes of people,—research workers, and those interested in health problems in general. Nurses will find the last two chapters especially valuable, as they deal with "How to Utilize the *Vitamines* in the Diet," and "The Diseases That Result from *Vitamine* Deficiencies."

RUTH E. CONKLIN, M.S.,

Connecticut College, New London, Conn.

A LABORATORY HANDBOOK FOR DIETETICS. By Mary Swartz Rose. The Macmillan Company. Revised Edition, 1921, pp. 156. Price, \$2.10.

This is the new name under which appears the revised edition of the former Laboratory Manual of Dietetics. There is undoubtedly no book which has been so extensively used in the school laboratory and in the diet kitchen as has this one and the new edition with its additions and revisions will be found to be even more usable. One notable addition is the discussion of the relation of *vitamines* to the continued well-being of children and adults. Information to date on the distribution in common food materials of each of the three *vitamines* is very conveniently summarized in a table to indicate the relative richness in foods of these substances. An objection which might be made to including such a table in a book which probably will not be revised again for ten years is that the mass of *vitamine* information is still too shifting.

With so much attention directed at present toward child nutrition, it is gratifying to note a more extensive treatment of this subject including data for estimating children's food requirements and

also charts of height and weight relationship and standards for growth.

More recent knowledge of adults' energy requirement and data for estimating it are included. Especially to be noted are the newer data on energy requirement of women at various household tasks. The modifications in the dietary standards for calcium, iron and phosphorus made by recent experimental work are given. It is fortunate that there are included in the book the tables giving the mineral content of food materials which have been so usable in Sherman's second edition of *Chemistry of Food and Nutrition*.

Several additions aimed to assist in the mechanical processes of calculation of nutritive value are: Dr. A. R. Rose's "short-cut" method for dietary calculations of large quantities of foods, some metric and English equivalents, the legal standard weights for the bushel, and the corresponding weight in ounces of the cupful of common food materials.

As before, the tables of composition of foods occupy a large space in the handbook. The constant user of these tables finds with regret that they have not been reset, listing all foods alphabetically in one table. The division into two tables in the first edition was an annoyance and this fault is added to in the second by including still a third table of the same nature. This third table of sixty or more foods fills in many of the missing items of the original ones. One is glad to find included also the energy content of some confectioners' goods originally reported by Benedict and Benedict. With the same understanding of laboratory needs which characterized the first edition and made it so indispensable, the author has made the revisions and addition which will keep it the handbook of dietetic information par excellence.

Sybil Woodruff, *University of Kansas*.

IF WINTER COMES. By A. S. M. Hutchinson. Little, Brown and Company, Boston Mass. Price, \$2.00.

One of the most interesting books we have read since the war. In style and lifelike delineation of character, it is an outstanding work.

THE HEALTHIEST YEAR

According to the records of 37 leading American insurance companies, comprising figures for 27,000,000 lives, the present year is the healthiest one in the history of Canada and the United States. Influenza and pneumonia account almost entirely for the favorable showing. The former has been almost entirely eliminated. As might have been predicted, deaths from pneumonia showed a sympathetic decline with influenza, causing only about half as many deaths this years as last.—The Survey, December 17, 1921.

OFFICIAL DIRECTORY

Headquarters National Nursing Associations.—370 Seventh Avenue, New York City. Office Director, R. Inde Albaugh, R.N.

The American Journal of Nursing Company.—President, S. Lillian Clayton, R.N., Philadelphia General Hospital, Philadelphia, Pa. Secretary, Elsie M. Lawler, R.N., Johns Hopkins Hospital, Baltimore, Md. Editorial Office, 19 West Main Street, Rochester, N. Y.

The American Nurses' Association.—President, Clara D. Noyes, R.N., 1726 M. Street, N. W., Washington, D. C. Secretary, Katharine DeWitt, R.N., 19 West Main Street, Rochester, N. Y. Treasurer, Mrs. C. V. Twiss, R.N., 14 East 50th Street, New York, N. Y. Sections: Private Duty, Chairman, Frances M. Ott, R.N., Morocco, Ind. Mental Hygiene, Chairman, Elnora E. Thomson, R.N., School of Social Work, Portland, Ore. Legislation, Chairman, Roberta M. West, R.N., Room 150, 34 S. 17th Street, Philadelphia, Pa. Committee on Revision, Chairman, Sarah E. Sly, R.N., Birmingham, Mich. Relief Fund Committee, Chairman, Elizabeth E. Golding, R.N., 317 West 45th Street, New York, N. Y. Treasurer, Mrs. C. V. Twiss, R.N., 14 East 50th Street, New York, N. Y.

The National League of Nursing Education.—President, Anna C. Jammé, 724 Wells Fargo Building, San Francisco, Calif. Secretary, Martha M. Russell, R.N., University Hospital, Boulder, Colo. Treasurer, Bena M. Henderson, R.N., Children's Memorial Hospital, Chicago, Ill.

The National Organization for Public Health Nursing.—President, Elizabeth G. Fox, R.N., 3800 14th Street, N. W., Washington, D. C. Director, Florence M. Patterson, R.N., 370 Seventh Avenue, New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, R.N., Johns Hopkins Hospital, Baltimore, Md. Treasurer, Mary M. Riddle, R.N., Newton Hospital, Newton Lower Falls, Mass.

Director, Department of Nursing, American Red Cross.—Clara D. Noyes, R.N., Care American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, R.N., Office of the Surgeon General, Army Nurse Corps Division, War Department, 19th and B Streets, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, Lenah S. Higbee, M.L.A., R.N., Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnigerode, R.N., Ohio Avenue and 15th Street, N. W., Washington, D. C.

Department of Nursing and Health, Teachers College, New York.—Director, M. Adelaide Nutting, R.N., Teachers College, Columbia University.

STATE ORGANIZATIONS OF NURSES

Alabama.—President, Eunice Ward, 707 Washington Street, Montgomery. Secretary, Catherine A. Moulitis, R.N., 1032 Elm Street, Birmingham. President examining board, Lemoyne Phares, R.N., Inge-Bondurant Sanitarium, Mobile. Secretary, Helen MacLean, R.N., 2430 North 11th Avenue, Birmingham.

Arizona.—President, H. Grace Franklin, Globe. Secretary, Gertrude F. Russell, State House, Phoenix. President examining board, Edith P. Snowden, 356 North Third Avenue, Phoenix. Secretary-treasurer, Gertrude F. Russell, State House, Phoenix.

Arkansas.—President, Mrs. Virginia Miesenhiemer, Pine Bluff. Secretary, Blanche Tomaszewska, Pine Bluff. President examining board, M. D. Ogden, M.D., Little Rock. Secretary-treasurer, Frankie Hutchinson, R.N., 310 West 12th Street, Little Rock.

California.—President, Mrs. E. B. Conzelmann, State Hospital, Stockton. Secretary, Mrs. J. H. Taylor, R.N., Route A, Galt. Director, Bureau of Registration of Nurses, Anna C. Jammé, R.N., 724 Wells Fargo Building, San Francisco.

Colorado.—President, Mrs. Oca Cushman, R.N., Children's Hospital, Denver. Secretary, Jessie Stewart, 220 E. Yampa Street, Colorado Springs. President examining board, Mary B. Eyre, R.N., Minnequa Hospital, Pueblo. Secretary, Louise Perrin, R.N., 518 Kittredge Building, Denver.

Connecticut.—President, Harriet E. Gregory, R.N., 75 Elmwood Avenue, Waterbury. Secretary, Winifred LaFontaine, R.N., 760 Prospect Street, New Haven. President examining board, Martha P. Wilkinson, R.N., 34 Charter Oak Avenue, Hartford. Secretary, Miss Winifred A. Hart, R.N., 109 Rocton Avenue, Bridgeport.

Delaware.—President, Mary A. Moran, R.N., 1313 Clayton Street, Wilmington. Secretary, Anna W. Jones, R.N., 911 Delaware Avenue, Wilmington. President examining board, Frank E. Pierson, M.D., 1007 Jefferson Street, Wilmington. Secretary, Mary A. Moran, R.N., 1313 Clayton Street, Wilmington.

District of Columbia.—President, Ida F. Butler, R.N., American Red Cross, Washington. Secretary, Katherine Hankins, Sibley Hospital, Washington. President examining board, Elizabeth G. Fox, R.N., 3800 14th St., N. W., Washington. Secretary-treasurer, Margaret Hutchinson, 1337 K Street, N. W., Washington.

Florida.—President, Lillian Hollohan, Morton F. Plant Hospital, Clearwater. Secretary, Mary D. Conoley, Morrell Memorial Hospital, Lakeland. President examining board, Anna L. Felting, R.N., Box 196, Miami. Secretary-treasurer, Mrs. Louisa B. Benham, Hawthorne.

Georgia.—President, Jane Van De Vrede, 464 North Boulevard, Atlanta. Secretary, Chloe Jackson, R.N., 131 Capital Place, Atlanta. President examining board, Jane Van De Vrede, R.N., 464 North Boulevard, Atlanta. Secretary and treasurer, Jean Harrell, R.N., 110 Luckie Street, Atlanta.

Idaho.—President, Mrs. George S. Meier, 1318 State Street, Boise. Secretary, Mabel Minear, 512 North 12th St., Boise. Department of Law Enforcement, Bureau of Licenses, Examiner, Napina Hanley, R.N., State Capitol, Boise.

Illinois.—President, Ada Belle McCleery, R.N., Evanston Hospital, Evanston. Secretary, Nellie M. Crissy, R.N., Hahnemann Hospital, Chicago. Superintendent of Registration, Fred C. Dodds, State Capitol, Springfield.

Indiana.—President, June Gray, 413 Chamber of Commerce Bldg., Indianapolis. Secretary, Mrs. Mabel Scott Huggins, Utomin Apts., Indianapolis. President examining board, Nellie G. Brown, R.N., Robert W. Long Hospital, Indianapolis. Secretary, Ida J. McCaslin, R.N., 501 East Noble Street, Lebanon.

Iowa.—President, Amy Beers, Jefferson County Hospital, Fairfield. Secretary, Lola G. Yerkes, Extension Department, State University, Iowa City. President examining board, Dr. Launder.

Kansas.—President, Mrs. Alma R. O'Keefe, R.N., 1251 N. Lawrence Avenue, Wichita. Secretary, Sister Mary Helena, R.N., St. Barnabas Hospital, Salina. President examining board, Sister Catherine Voth, Newton. Secretary-treasurer, Sister Mary Helena, R.N., St. Barnabas Hospital, Salina.

Kentucky.—President, Harriet Cleek, R.N., 148 Forest Ave., Lexington. Corresponding secretary, Virginia P. Martin, 227 North Upper Street, Lexington. President examining board, Sophia F. Steinhauer, R.N., Speers Memorial Hospital, Dayton. Secretary, Flora E. Keen, R.N., Somerset.

Louisiana.—President, Mrs. J. E. Haley, 7925 Plum Street, New Orleans. Secretary, Mary C. Gillespie, Charity Hospital, New Orleans. President examining board, J. T. Crebbin, M.D., 1207 Maison Blanche Building, New Orleans. Secretary, J. S. Hebert, M.D., 1121 Maison Blanche Building, New Orleans.

Maine.—President, Margaret Dearnness, Maine General Hospital, Portland. Secretary, Louise Hopkins, 246 Essex Street, Bangor. President examining board, Margaret M. Dearnness, R.N., Maine General Hospital, Portland. Secretary-treasurer, Rachel A. Metcalfe, R.N., Central Maine General Hospital, Lewiston.

Maryland.—President, Elsie M. Lawler, R.N., Johns Hopkins Hospital, Baltimore. Secretary, Sarah F. Martin, R.N., 1211 Cathedral Street, Baltimore. President examining board, Helen C. Bartlett, R.N., 604 Reservoir Street, Baltimore. Secretary and treasurer, Mary Cary Packard, R.N., 1211 Cathedral Street, Baltimore.

Massachusetts.—President, Carrie M. Hall, R.N., Peter Bent Brigham Hospital, Boston. Corresponding secretary, Mary E. P. Davis, R.N., 19 Hoyle Street, Norwood. President examining board, Mary M. Riddle, R.N., Newton Hospital, Newton Lower Falls. Secretary, Walter P. Bowers, M.D., State House, Boston.

Michigan.—President, Anna M. Schill, R.N., Hurley Hospital, Flint. Corresponding secretary, Elba L. Morse, Sandusky. President examining board, Richard M. Olin, M.D., Lansing. Secretary, Mrs. Helen de Spelder Moore, Second floor, New State Building, Lansing.

Minnesota.—President, Irene English, R.N., Northern Pacific Hospital, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul. President examining board, Jennette M. McLaren, M.D., 803 Lowry Building, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul.

Mississippi.—President, Bessie O. Brougher, City Hall, Jackson. Secretary, Mrs. James A. Cameron, R.N., 511 Bay Street, Hattiesburg. President examining board, Dr. J. H. Fox, Jackson. Secretary-treasurer, Jane P. Cox, R.N., 708 Main Street, Natchez.

Missouri.—President, Mance Taylor, R.N., Parker Memorial Hospital, Columbia. Secretary, Saidee M. Hausmann, Parker Memorial Hospital, Columbia. President examining board, M. Anna Gillis, R.N., City Hospital, St. Louis. Secretary-treasurer, Helen Wood, R.N., 600 S. Kingshighway, St. Louis.

Montana.—President, Mrs. Emily Covert Heaton, Billings. Secretary, Margaret Irish, R.N., 618 North 23rd Street, Billings. President examining board, E. Augusta Ariss, R.N., Deaconess Hospital, Great Falls. Secretary-treasurer, Frances Friederichs, R.N., Box 928, Helena.

Nebraska.—President, Lulu Abbott, R.N., 847 North 26th Street, Lincoln. Secretary, Cora E. Higgins, 2100 South Street, Lincoln. Bureau of Examining Boards, Secretary, H. H. Antles, Department of Public Welfare, State House, Lincoln.

Nevada.—President, Mrs. Pearl Prescott, 652 Forest Street, Reno. Secretary, Mrs. Fannie Doty, 41 West First Street, Reno.

New Hampshire.—President, Anna C. Lockerby, Laconia Hospital, Laconia. Secretary, Nora McQuade, 368 Lowell Street, Manchester. President examining board, Mae Morrison, Whitefield. Secretary, Ednah Cameron, R.N., 8 North State Street, Concord.

New Jersey.—President, Elizabeth J. Higbid, R.N., 449 Van Houten Street, Paterson. Secretary, Mabel Graham, 957 Boulevard, Weehawken. President examining board, Mary J. Stone, R.N., Room 302 McFadden Building, Hackensack. Secretary-treasurer, Elizabeth J. Higbid, R.N., Room 302 McFadden Building, Hackensack.

New Mexico.—President, Theresa McMenomin, 417 S. Arno Street, Albuquerque. Secretary, Bertha C. Rowe, 703 W. Silver Avenue, Albuquerque.

New York.—President, Alice Shepard Gilman, R.N., Samaritan Hospital, Troy. Secretary, Mrs. Julia W. Kline, R.N., 546 Rugby Road, Brooklyn. President examining board, Lydia E. Anderson, R.N., 461 Washington Avenue, Brooklyn. Secretary, Elizabeth C. Burgess, R.N., State Education Building, Albany.

North Carolina.—President, Mrs. Dorothy Hayden, Greensboro. Secretary, Anna Howerton, Charlotte. President examining board, Lois A. Toomer, R.N., 123 South 4th Street, Wilmington. Secretary-treasurer, Effie Cain, R.N., 1206 Fulton Street, Salisbury.

North Dakota.—President, Josephine Stennes, R.N., Good Samaritan Hospital, Rugby. Corresponding secretary, Esther Teichmann, R.N., 720 South 5th Street, Fargo. President examining board, Ethel Stanford, R.N., 703 South 4th Street, Fargo. Secretary, Mildred Clark, R.N., General Hospital, Devil's Lake.

Ohio.—President, Laura R. Logan, R.N., Cincinnati General Hospital, Cincinnati. Secretary, Rose K. Steinmetz, R.N., 47 N. Forge Street, Akron. Chief examiner, Augusta M. Condit, Hartman Hotel Building, Columbus. Secretary, Dr. H. M. Platter, Hartman Hotel Building, Columbus.

Oklahoma.—President, Olive Salmon, R.N., 315 Oklahoma Bldg., Oklahoma City. Secretary, Sister Mary Lucia, St. Anthony's Hospital, Oklahoma City. President examining board, Mrs. J. W. Scroggs, R.N., 324 West Grey Street, Norman. Secretary-treasurer, Lela Carr, 915 West 23d Street, Oklahoma City.

Oregon.—President, Grace Phelps, 616 Lovejoy Street, Portland. Secretary, Margaret A. Tynan, St. Vincent's Hospital, Portland. President examining board, Jane V. Doyle, R.N., 507 Gasco Building, Portland. Secretary-treasurer, Mrs. O. E. Osborne, R.N., 512 Oakdale Avenue, Medford.

Pennsylvania.—President, Margaret A. Dunlop, R.N., Pennsylvania Hospital, Philadelphia. Secretary-treasurer, Williamina Duncan, R.N., 3440 Bates Street, Pittsburgh. President examining board, Albert M. Blackburn, M.D., 34 South 17th Street, Philadelphia. Secretary-treasurer, Roberta M. West, R.N., 34 South 17th Street, Philadelphia.

Rhode Island.—President, Lucy C. Ayres, R.N., Woonsocket Hospital, Woonsocket. Corresponding secretary, Edith Barnard, 425 Broadway, Providence. President examining board, Henry C. Hall, M.D., Butler Hospital, Providence. Secretary-treasurer, Lucy C. Ayres, R.N., Woonsocket Hospital, Woonsocket.

South Carolina.—President, Jane H. Fraser, 1523 Richland Street, Columbia. Secretary, Laura Blackburn, R.N., 1121 Gervais Street, Columbia. Secretary, board of nurse examiners, A. Earl Boozer, M.D., Columbia.

South Dakota.—President, Lillian Zimpher, R.N., Aberdeen. Corresponding secretary, Carrie E. Clift, R.N., Rapid City. President examining board, Clara S. Ingvalson, R.N., Flandreau. Secretary-treasurer, Mrs. Elizabeth Dryborough, R.N., Rapid City.

Tennessee.—President, Mrs. Dorsey T. Gould, R.N., 1305 Edgewood Place, Nashville. Secretary, Marie Peterson, R.N., 879 Madison Avenue, Memphis. President examining board, Willie M. McInnis, R.N., University of Tennessee, Memphis. Secretary-treasurer, Dr. Reese Patterson, Knoxville.

Texas.—President, Helen Holliday, Baylor Hospital, Dallas. Secretary, A. Louise Dietrich, R.N., 1001 E. Nevada Street, El Paso. President examining board, Helen T. Holliday, Baylor Hospital, Dallas. Secretary, Eula Whitehouse, Municipal Hospital, Houston.

Utah.—President, Mrs. N. F. W. Crossland, R.N., St. Mark's Hospital, Salt Lake City. Secretary, Alice Hubbard, R.N., Salt Lake County Hospital, Salt Lake City.

Vermont.—President, Elizabeth Van Patten, R.N., 433 S. Union Street, Burlington. Secretary, Mrs. Rose A. Lawler, Springfield. President examining board, Donley C. Hawley, M.D., Burlington. Secretary, Mary G. Kane, R.N., Montpelier.

Virginia.—President, Anne Gully, R.N., Leesburg. Secretary, L. L. Odom, R.N., Sarah Leigh Hospital, Norfolk. President examining board, Virginia Thacker, R.N., Lewis-Gale Hospital, Roanoke. Secretary-treasurer, Ethel Smith, R.N., Boissivain Avenue, Norfolk.

Washington.—President, Mrs. M. W. McKinney, R.N., 5502 14th Street, N. E., Seattle. Secretary, Katherine Major, R.N., King County Hospital, Seattle. President examining board, Mrs. Ella Harrison, R.N., 809 5th Avenue, Seattle. Secretary, Mae Mead, R.N., State Normal School, Bellingham.

West Virginia.—President, Mrs. Susan Cook, R.N., Lock Box 457, Wheeling; home address, Bridgeport, Ohio. Secretary-treasurer, Mrs. R. J. Bullard, R.N., Lock Box 457, Wheeling; home address, 510 Catawba Street, Martin's Ferry, Ohio. President examining board, Frank LeMoyné Hupp, M.D., Wheeling. Secretary, Jessie A. Clarke, Ohio Valley General Hospital, Wheeling.

Wisconsin.—President, Agnes W. Reid, Bradley Memorial Hospital, Madison. Secretary, Minnie P. Getts, Emergency Hospital, Milwaukee. Secretary examining board, Adda Eldredge, State Board of Health, Madison.

Wyoming.—President, May Stanley, R.N., Rock Springs. Secretary, Etta Linn, R.N., Box 1125, Cheyenne. President examining board, S. J. McKenzie, R.N., St. John's Hospital, Cheyenne. Secretary, Mrs. H. C. Olsen, R.N., 605 East 21st Street, Cheyenne.

TERRITORIAL ASSOCIATION

Hawaii.—President, Janet Dewar, Children's Hospital, Honolulu. Secretary, Mabel L. Smyth, Palama Settlement, Honolulu.

ospital,
Street,
South
South

Woon-
vidence.
vidence.
et.

lumbia.
ecretary,

ounding
, Clara
orough,

Place,
emphis.
nessee,

ry, A.
mining
ehouse,

l, Salt
l, Salt

t, Bur-
mining
, R.N.,

Odom,
irginia
Smith,

N. E.,
Pres-
Sec-

eeling;
R.N.,
Ferry,
Sec-

adison.
amin-

Etta
enzie,
5 East

etary,